

TANNING FACILITY PERMIT/INSPECTION APPLICATION



Return completed application to:

Chemung County Health Department
Environmental Health Services
103 Washington St., PO Box 588
Elmira, New York 14902-0588

Phone: (607) 737-2019
Fax: (607) 737-2059

www.chemungcountvhealth.org

For Office Use:

DATE Rec'd: _____
AMOUNT: _____
RECEIPT #: _____

Approved by: _____ Effective: _____ Exp: _____

FACILITY INFORMATION (Entire section must be completed by all applicants)

Facility Name _____ On site Phone: _____

Mail to:

FACILITY LOCATION:

Street: _____

City/State/Zip: _____

Permit / Inspection Fee Calculator:

Number of Tanning Beds: _____

Number of Tanning Booths: _____

Total number of Tanning units: _____ X \$50 = _____ + \$30 = \$ _____ **Fee Due**

Make Check Payable to: Chemung County Health Department

Days of operation: _____
(List Days of the Week)

Hours of operation: _____ - _____
(Open) (Close)

Water supply: Public Private

If Private - Type of Water Disinfection:

Chlorinated UV Radiation None

Sewage System: Public Private

WORKER'S COMP & DISABILITY INSURANCE

You must attach proof of Worker's Comp and Disability Insurance **OR** form CE-200 (Exemption Form).
See Instruction sheets for details.

Worker's Compensation Insurance (Attach proof of Insurance form to application). Check which form is provided as proof:

Form C-105.2 Form U-26.3 Form SI-12 Form GSI-105.2 (note: **Acord** Forms cannot be accepted as proof)

Disability Insurance (Attach proof of Insurance form to application) Check which form is provided as proof:

Form DB-120.1 Form DB-155 (note: **Acord** Forms cannot be accepted as proof)

or --> Form CE-200 submitted (This exemption form need only be filled out if you do not have insurance listed above)

Permits will NOT be issued without this paperwork.

OWNER/OPERATOR INFORMATION

Owner/Operator Name: _____

Operator Home Address: _____

City, State, Zip: _____

Home Phone: _____ **Fax:** _____

SIGNATURE - - - ENTIRE SECTION MUST BE COMPLETED BY ALL APPLICANTS - - -

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW. Application fees are non-refundable.

SIGNATURE OF OPERATOR: _____ **DATE:** _____

PRINT NAME: _____ **TITLE:** _____

INSTRUCTIONS FOR FILLING OUT ATTACHED APPLICATION

Please review the information on the attached application. Some of the information is already filled in for you. **If any information is incorrect please annotate changes** and fill in all other blank areas that apply.

➤ **APPLICATION FEES ARE NON-REFUNDABLE**

➤ **WORKERS' COMPENSATION AND DISABILITY INSURANCE**

As a government agency we are prohibited from issuing permits until you submit one of the following:

• **If you have Worker's Comp & Disability Insurance:**

Attach proof of insurance certificates to your application. Please refer to list of acceptable proof (below).

• **If you do not have Worker's Comp & Disability Insurance:**

You must file for an exemption from these requirements (Form CE-200).

See below for details on how to obtain this form.

Submit the completed and signed CE-200 to our office along with your application.

➤ **SIGNATURE** - All applications must be signed (on back).

Workers' Compensation and Disability Insurance Requirements for Permitted Facilities

One or more of the following forms must accompany the application to document compliance with the Worker's Compensation Law. Permits will not be issued without this paperwork:

When Worker's Comp and/or Disability coverage IS provided.

Proof of Workers' Compensation Insurance:

- **Form C-105.2** – Certificate of Worker's Compensation Insurance (**Contact your Insurance carrier;** they will have to generate this form. If you prefer you can have them **fax it directly to our office at 607-737-2059**)

Note: Form C-105 is not acceptable proof, must be form C-105.2

OR

- **Form U-26.3** – Certificate of Workers' Compensation Insurance (Issued by the **State Insurance Fund**, you will have to contact them. If you prefer you can have them **fax it directly to our office at 607-737-2059**)

OR

- **Form SI-12** – Certificate of Workers' Comp Self-Insurance (usually only applies to major corporations or government agencies).

OR

- **GSI – 105.2** – Certificate of Participation in Workers' Compensation Group Self-Insurance (usually only applies to major corporations or government agencies).

AND

Proof of Disability Benefits Insurance:

- **DB-120.1** - Certificate of Disability Benefits (**Contact your Insurance carrier,** they will have to generate this form. If you prefer you can have them **fax it directly to our office at 607-737-2059**)

Note: Form DB-120 is not acceptable proof, must be form DB-120.1

OR

- **Form DB-155** – Certificate of Disability Benefits Self-Insurance Insurance (usually only applies to major corporations or government agencies).

Important: Acord Forms are not acceptable as proof of insurance coverage.

When Worker's Comp and/or Disability coverage IS NOT provided.

Form CE-200 – Certificate of Attestation of **Exemption** from NYS Workers' Compensation and/or Disability Benefits Coverage.

You can obtain form CE-200 from one of the following:

- **On-line** - There is a direct link to the Exemption Form (CE-200) on our website www.chemungcountyhealth.org near the bottom of the main page. (**Note: You will need to turn off Pop-up Blockers on your computer in order to print form.**)
- **Worker's Compensation Office at 167 Lake St., Elmira, NY.**
Very helpful staff available there to assist you.