



CHAUTAUQUA COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH – ENVIRONMENTAL HEALTH UNIT

GEORGE M. BORRELLO
County Executive

CHRISTINE SCHUYLER
Director of Health & Human Services
(Commissioner of Social Services/Public Health Director)

RE: Regulation of Tanning Facilities

Dear Tanning Facility Operator:

The Chautauqua County Board of Health has adopted the New York State Public Health Law Article 35-A, Sub Part 72-1 (Tanning Facilities). The purpose of this law is to establish standards for safe operation and sanitary conditions of tanning facilities. The law requires each tanning facility in the County to be permitted and inspected every two years.

To protect health and minimize risks associated with indoor tanning, businesses with indoor tanning facilities are now subject to the following requirements:

- Operators must obtain and post operating permits.
- Operators must take steps to ensure that children under age 17 do not use indoor tanning facilities.
- Operators must ensure that children between the ages of 17 to 18 have signed (in person) parental consent prior to the children using the facilities.
- Persons 18 and over must be provided information on the dangers of indoor tanning, must sign statements indicating they are aware of the hazards associated with indoor tanning, and receive adequate instruction in the operation and use of tanning devices.
- Operators must ensure that every patron has adequate protective eyewear for use with ultraviolet (UV) tanning devices. For patrons without such eyewear, the operator must provide a set of protective eyewear at no additional charge.
- Operators must ensure that all UV devices are adequately labeled, operated in accordance with manufacturers and federal Food and Drug Administration instructions, and properly maintained.

Public health hazards: Any of the following violations are public health hazards, which require immediate correction or removal of unit from service.

- (1) The condition of the wiring or electrical system components of tanning equipment is such that an imminent fire or shock hazard exists;
- (2) An ultraviolet radiation device does not have an adequate label;
- (3) Failure to operate an ultraviolet radiation device in accordance with the label;
- (4) Failure to assure and maintain the accuracy of ultraviolet radiation device timers;
- (5) Failure to ensure that patrons possess adequate protective eyewear;
- (6) Failure to provide adequate protective eyewear at no additional charge to patrons not possessing their own adequate protective eyewear;
- (7) Inadequate sanitizing of tanning beds, tanning booths, pillows, headrests or reusable protective eyewear;
- (8) Failure to provide timer lockout or remote timer controls; or
- (9) Any other condition determined by the PIO to be an imminent risk to the public's health.

The Board of Health has established fees for 2-year permits as follows: Base permit fee of \$30.00 with a \$50.00 inspection fee for the first Ultraviolet (UV) device per licensing period, and \$25.00 for each

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additional UV device. The projected inspection frequency is once per 2-year permit period, with re-inspections as needed, and complaint investigations as required.

Enclosed is a permit application, fee schedule, and instructions.

You may access the New York State Department of Health Website at www.nyhealth.gov/permits for more information, and forms you may need, such as Parental Consent Form, Injury & Illness Report Form, etc.

Please send the application to the address on the reverse side along with your check or money order made payable to the Chautauqua County Director of Finance. If you wish to pay by credit/debit card, the attached slip must be filled out completely, and you must include a 2.5% transaction fee to the total transaction. **Incomplete applications will be returned for your completion and may delay the issuing of your permit.** These fees are non-refundable. **YOU MUST PROVIDE AN EMAIL ADDRESS ON YOUR APPLICATION, IN ORDER TO RECEIVE A COPY OF YOUR INSPECTION REPORT.**

Along with your application, If you have employees, you are required to submit proof of workers' compensation and disability insurance along with your application. **You must submit the correct forms listed on your application. These are the only forms the state will allow us to accept. PLEASE NOTE: WE CANNOT ACCEPT A C-105 AND DB-102. WE NEED A C-105.2 AND A DB-120.1.** To obtain these forms, contact your insurance carrier.

If you do not have employees, you must obtain a Certificate of Attestation of Exemption Form CE-200 from the New York State Workers' Compensation Board stating that you do not have any employees and, therefore, do not need insurance. **Following are directions to obtain your on-line certificate at the following website www.wcb.ny.gov**

- Click on the **WC/DB Exemptions (Form CE-200) box**
- Click on the **Request for WC/DB Exemption (Form CE-200)**
- Click on **Select to access web-based Exemption Application**
- Follow site directions to print a copy of your certificate to provide to us. **Be sure to sign and date form.**

If we do not receive the appropriate forms listed on your application, we are unable to issue a permit for your facility.

Your cooperation in this matter is greatly appreciated. Should you have any questions or comments, please do not hesitate to contact this Department at (716) 753-4693.

Sincerely,

Chautauqua County Department of Health and Human Services
Environmental Health Unit

GENERAL INSTRUCTIONS

Complete all items that apply to your establishment.

All applicants must complete sections A, B, G, & H. If you have any questions, contact the local health department that issues your permit.

SECTION A: Facility Information

Facility Name, Facility Address, Telephone Number, Fax Number and Municipality: Self explanatory

Capacity

- A. Food services: enter actual seating capacity, or enter 00 for take out only.
- B. Recreational vehicle parks, campsites, agricultural fairgrounds and mobile home parks: enter the number of actual sites.
- C. Children's camp: enter the maximum number of campers the camp is approved for at one time.
- D. Temporary residences and migrant farmworker labor camps, swimming pools, bathing beaches, mass gatherings: enter the maximum number of people the facility is approved to hold.
- E. Recreational aquatic spray ground: enter 00.
- F. Tanning Facility: enter the total number of tanning devices.

Facility Status: Check either profit or nonprofit. If nonprofit, submission of documentation (incorporation paper) verifying status may be required.

Facility Type: From the list below enter the facility type that best describes the main or primary operation of the facility. Some multiple operation facilities may require submission of separate permit application(s). Please consult the health department that issues your permit with any questions.

Facility Types:

Agricultural Fairgrounds

Bathing Beaches

- Freshwater River
- Impoundment/Pond
- Lake
- Ocean Surf
- Other Saltwater

Campground/Recreational Vehicle Park

Children's Camps

- Day Camp
- Day Camp – Developmentally Disabled
- Day Camp – Municipal
- Day Camp – Traveling
- Overnight Camp
- Overnight Camp – Developmentally Disabled
- Overnight Camp - Municipal

Food Service Establishment

- Restaurant
- Caterer
- School
- Institution
- State Office for the Aging (SOFA) – Prep Site
- State Office for the Aging (SOFA) – Satellite Site
- Summer Feeding Program (USDA) – Prep Site
- Summer Feeding Program (USDA) – Satellite Site

Mass Gathering

Migrant Farm Worker Housing

- Farm Labor Housing

Mobile Home Parks

Mobile Food

Recreational Aquatic Spray Grounds

- Indoor
- Outdoor

Swimming Pools

- Indoor
- Outdoor
- Indoor/Outdoor
- Wave Pool – Indoor
- Wave Pool – Outdoor
- Wave Pool – Indoor/Outdoor
- Aquatic Amusement – Indoor
- Aquatic Amusement – Outdoor
- Aquatic Amusement – Indoor/Outdoor
- Spa

Tanning Facility

Temporary Food

Temporary Residences

- Labor Camps other than Migrant
- Interior Corridor – Single Story
- Interior Corridor – Two Story
- Interior Corridor – Three Story
- Interior Corridor – Four or more Story
- Exterior Corridor – Single Story
- Exterior Corridor – Two Story
- Exterior Corridor – Three Story
- Exterior Corridor – Four or more Story
- Cabin or Bungalow Colony

Vending Food Machines

State Agency Licensed Facilities

- State Licensed Inspected Facility
- State Owned Operated Facility
- Day Care Center – Residential
- Day Care Center – Non-Residential

Water Supply/Sewage System: Check "public" if the facility is serviced by a municipal or public system. Check "private" (onsite) if the system(s) and its operation is onsite and only for this facility. A water/sewage system that is commonly used by several establishments (i.e.: a mall operation) would be a public system.

Operations under this registration: Provide the number of specific operations that apply to this registration. Complete even if the primary or main operation of the facility was identified under the facility type. A swimming complex with one spa, one beach, one indoor and two outdoor pools would report a facility type swimming pool-indoor and enter 1 for spa, 1 for bathing beach, 1 for indoor pool and 2 for outdoor pools in the operations under this registration Section A. For tanning facilities enter the number of beds and booths. Some facilities with multiple operations require separate applications, (i.e., a food service operated at a swimming pool complex would require a separate swimming pool and food service application, and would report their specific operations on the appropriate application forms).

Expected Opening/Closing Date: Enter the expected opening and closing dates (i.e., June 1 is 06/01). If the operation is year-round, enter 01/01 for opening and 12/31 for closing.

Days of Operation: Check each box for the day(s) the facility will be open under routine operation.

Hours of Operation: Enter the hour the facility is expected to open and close under routine operation. Circle AM or PM as appropriate.

SECTION B: Operator/Owner Information

Name of Legal Operator or Operating Corporation (Person in Charge): Enter name of the legal entity that operates the facility. If the facility is operated by a corporation, enter the name of the operating corporation and the name of the person in charge of the day to day operation. Provide the name(s) of the corporate officers/partners in Section F.

Permanent Address of Operator and Telephone Number: Enter the mailing address including street, city, state and zip code where the legal operator wants to receive mailed correspondence. Enter the telephone and fax number of the legal operator.

Employer Identification/Social Security Number: Enter the **Employer Identification or Social Security Number** of the operator of the facility.

Email Address and Fax No.: Enter the email address and fax no. where important health and safety alert messages should be sent during an emergency.

Name of Owner: Enter the name of the owner of the facility if different from the operator.

Permanent Address of Owner and Telephone Number: Enter the mailing address and telephone number of the owner if different from the operator.

SECTION C: Complete only for temporary food service establishments, regulated under Subpart 14-2 NYSSC

SECTION D: Complete only for mobile food service vehicles or pushcarts, regulated under Subpart 14-4 NYSSC

Check the appropriate type of unit. If motorized, provide the license plate number. Provide the name and address of the commissary where the food is prepared. Attach a separate list of the types of food(s) and/or beverages to be served.

SECTION E: Complete only for food/beverage vending machines, regulated under Subpart 14-5 NYSSC

Attach a list of the number and type of food dispensing machines including the address and telephone number of each site under this permit.

SECTION F: Partners and Corporation Officers

If a facility is operated by a partnership or corporation, provide the name, title, permanent mailing address and telephone number of all corporate officers or partners involved in the operation or ownership of the facility.

SECTION G: Workers' Compensation and Disability Insurance

Provide copies of appropriate forms documenting compliance with the Worker's Compensation Law for (1) both Workers' Compensation and New York State Disability Insurance coverage, **or** (2) exemption from coverage.

SECTION H: Signature

Provide the signature of the individual operator, a corporate officer or other authorized identified official in Section F. Please print the name, title and date in the space provided. **Failure to sign the form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code and is punishable by fines.**

PERMIT FEE SCHEDULE

See example below

<u>Facility Type</u>	<u>1 Year Permit</u>	<u>2 Year Permit</u>
Temporary Residence	\$150.00	
Temporary Residence w/Food Service	\$250.00	
Campground	\$150.00	
Campground w/Food Service	\$250.00	
Mobile Home Park	\$150.00	
Food Service Establishment:		
Catering		\$450.00
High Risk		\$350.00
Medium Risk		\$250.00
Low Risk		\$150.00
Mobile Food Service Establishment:		
High Risk	\$150.00	
Medium Risk	\$120.00	
Low Risk	\$100.00	
Bathing Beach	\$100.00	
Swimming Pool	\$100.00	
Spa	\$50.00	
Migrant Labor Camps	\$100.00	

PLEASE NOTE: Fees for additional operations on permits listed above are \$100 each, w/the exception of a Spa - which is an additional \$50.

Tanning Facilities		\$30.00 permit fee + \$50.00 for first bed, and \$25.00 for each additional bed.
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Temporary Food Service Establishments - Per Event - \$50 if application received at least seven days prior to event, \$100 if application received less than seven days prior to event, or at event.

Vending Machines		\$30 per machine
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Example:

Temporary Residence w/Food Service, Swimming Pool, and Spa:

**\$250 for TR w/FSE + \$100 for Swimming Pool, + \$50 for Spa = \$400.00 Total
(1 Year Permit)**

Food Service Establishment Re-Inspections \$60.00 per occurrence
Chronic 14-1 Violators Food Handler Safety Course \$350.00

CREDIT/DEBIT CARD TRANSACTION SLIP
PLEASE PRINT CLEARLY

TRANSACTION DATE: _____
BUSINESS NAME: _____
BUSINESS CITY & STATE: _____
CLIENT NAME : _____
CLIENT ADDRESS: _____
CLIENT PHONE #: _____
MC/VISA/DISCOVER: _____
CARDHOLDER #: _____
EXPIRATION DATE: _____
SECURITY CODE: _____
CARDHOLDER NAME: _____
CARDHOLDER SIGNATURE: _____
TOTAL AMOUNT OF SALE—FEE & 2.5% TRANSACTION FEE: _____