



# Department of Health

1 Geneva Road, Brewster, New York 10509  
(845) 808-1390



MaryEllen Odell  
*County Executive*

Michael J. Nesheiwat, M.D.  
*Interim Commissioner of Health*

January 27, 2017

Dear Operator,

Statewide regulations (Subpart 72-1) for the operation of indoor tanning facilities that use ultraviolet (UV) radiation devices were adopted on October 7, 2009 and amended July 16, 2012. As a result, all UV tanning facility operators are required to obtain and display a valid permit to operate, and to meet the requirements contained in the regulation. Also, a parental consent form is required for those between 17 and 18 years old and anyone younger than 17 years old is prohibited from using UV tanning facilities.

Enclosed you will find an application to operate a tanning facility. Your current permit is about to expire. To avoid operating in violation of the New York State Sanitary Code, please review the following requirements:

1. Completed application with proper fee paid by Certified Check or Money Order to be received by our department by the end of the business day on July 17, 2015. A \$50.00 late fee will be charged if the application is received after that date.
2. Complete all sections of applications, as needed. Please refer to the enclosed form titled **New Workers Compensation and Disability Requirements** for insurance directions. Workers Compensation and Disability information **must be completed and submitted.**

To assist you in complying with the new regulation, all permit requirements and other required information and forms have been posted on the Putnam County public web site [www.putnamcountyny.gov](http://www.putnamcountyny.gov). This website includes:

- Tanning Facility Regulations (Subpart 72-1)
- Tanning Hazards Information Sheet
- Tanning Facility Statement of Acknowledgement Form
- Tanning Facility Parental Consent Form
- Warning Poster
- Injury and Illness Report Form

If you do not have access to the public web site, or if you have questions regarding the permit process, please contact me at (845) 808-1390 ext. 43160.

Sincerely,

A handwritten signature in cursive script that reads "Marianne Burdick".

Marianne Burdick, HHP, MPH  
Associate Public Health Sanitarian

MB/jmg  
Enc.