



## *THE OHIO STATE BOARD OF COSMETOLOGY*

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1929 Gateway Circle Grove City, Ohio 43123  
Phone: (614) 466-3834 Fax: (614) 644-6880 [www.cos.ohio.gov](http://www.cos.ohio.gov)

### **TANNING FACILITY PERMIT APPLICATION AND INFORMATION**

- All requirements must be completed and your tanning facility ready to open within 30 days of submitting this application.
- Processing of this application may take thirty (30) days. Incomplete applications will be returned.
- If a tanning facility has an existing Administrative Action a change of ownership, name or location cannot take place until the Administrative Action process is closed.
- If establishing a tanning facility within a salon a separate application and fee is required.
- This application must be signed where required and notarized.
- Upon receipt and approval of the application, a State Board Inspector will contact you to arrange an opening inspection. Your opening inspection report will serve as a temporary permit until you receive the actual tanning facility permit in the mail. Please make sure you have a mailbox or receptacle in place to receive mail, otherwise your tanning facility permit will be returned to us as undeliverable mail.
- Tanning facilities must comply with all state and local zoning, building and plumbing codes.
- Tanning facilities must comply with all Ohio laws and rules governing tanning. A complete list of the laws and rules can be viewed on our website: [www.cos.ohio.gov](http://www.cos.ohio.gov) under the Laws and Rules.
- A Certified tanning operator is required to be present in the facility at all times.
- Tanning facility permits are not transferable from owner to owner or location to location.
- All tanning facility permits, renewal applications, and correspondence are mailed to the facility address.
- Mail the completed application (pages 1-4) to the address at the top of this page.



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To: All Tanning Facilities and Certified Tanning Professionals  
Date: September 19, 2012  
Re: American Tanning Institute NOT An Approved Provider

Please note that the "American Tanning Institute" is not and has not been an approved provider of tanning certification in Ohio since 2009. Not only is their course outline not approved, but we have received a number of consumer complaints about them, including, taking Ohio Tanning Professional's money and not providing any certification training.

The Better Business Bureau has listed 15 complaints against American Tanning Institute, and they have not responded to a single one. American Tanning is unaccredited by the BBB.

A number of Ohio Certified Operators have unwittingly received unapproved training through American Tanning Institute, and because this is an unapproved program, have been issued violations by The Board because the certificate they hold from American Tanning Institute is not valid.

In good faith, the Ohio State Board of Cosmetology has written to American Tanning Institute repeatedly, including a "cease and desist" order that was returned to the Board office as "undeliverable". The address listed for American Tanning Institute appears to be a residence in a residential neighborhood of Glendale, Az. This Board has asked the Office of Attorney General Mike DeWine to pursue consumer fraud charges against this organization. We ask all Ohio Certified Operators to receive their certification from an approved provider found on our website at: <http://cos.ohio.gov/uploads/File/Approved%20Tanning%20CE.pdf>



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## TANNING FACILITY PERMIT APPLICATION

**FEE: \$65.00**

- **Money Order, Personal or Corporate Checks only**
- **Payable to: Treasurer, State of Ohio**
- **Cash will be returned**

**Anticipated Date to Open:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month                      Date                      Year

TYPE OF APPLICATION (please check appropriate box)	New Facility	Change of Business Name	Change of Location	Change of Ownership
<b>NAME &amp; LOCATION INFORMATION</b>				
FACILITY NAME (Name must match your business sign)	_____			
FACILITY ADDRESS	STREET: _____ SUITE, UNIT OR STORE NO. _____ CITY: _____ STATE:    OHIO                      COUNTY: _____                      ZIP CODE: _____			
PREVIOUS ADDRESS (only if this is a change of address)	STREET: _____ SUITE, UNIT OR STORE NO. _____ CITY: _____ STATE:    OHIO                      COUNTY: _____                      ZIP CODE: _____			
FACILITY PHONE NUMBER	(____) - _____ - _____			
FACILITY WEBSITE	_____			
FACILITY E-MAIL	_____			
FACILITY PERMIT NUMBER (only if an existing facility)	_____			

**OWNERSHIP INFORMATION**

**Sole - Proprietorship**  
(one owner)

**Owner DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: OHIO COUNTY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
SSN# \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
OHIO COSMETOLOGY BOARD ID: \_\_\_\_\_  
(IF LICENSED)

**Partnership**  
(two or more owners)

**Owner DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year

**Owner DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: OHIO COUNTY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
SSN # \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
OHIO COSMETOLOGY BOARD ID: \_\_\_\_\_  
(IF LICENSED)

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: OHIO COUNTY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
SSN # \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
OHIO COSMETOLOGY BOARD ID: \_\_\_\_\_  
(IF LICENSED)

**Corporation or LLC**

CORPORATION  
NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
FEIN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**RESPONSIBLE PARTY CONTACT INFORMATION**

Provide the name, address & phone number of the owner, business partner or corporate officer who can be contacted during regular business hours and who should receive a copy of any Administrative Action documents resulting from an inspection

NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ ALTERNATIVE NUMBER: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

## Business Transaction

Please complete the following Affidavit by signing in the presence of a notary, the description which best fits the business transaction of a licensed salon that has occurred. If you remain the owner of the business and have just relocated the licensed business to a new address it is not necessary to fill out this form. **This form does not need to be completed if your tanning facility is a new build or structure and has not previously been issued a tanning permit by the Ohio State Board of Cosmetology.**

### Affidavit

State of Ohio, County \_\_\_\_\_

I, being of sound mind and over twenty-one (21) years of age, swear or affirm that an actual business transaction has occurred regarding the business listed below:

Name of Business \_\_\_\_\_ Permit No. \_\_\_\_\_

Address \_\_\_\_\_

Type of transaction \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Signature of former Owner or Representative of Owner's Estate in the event of death of Owner

\_\_\_\_\_  
(both must be signed in the presence of a notary)

Subscribed in my presence and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Commission Expiration Date Required)

**NOTARY SEAL**

**OR**

In the event of a request to open a new facility at the abandoned site of a former licensed facility.

As the landlord or owner of the building located at:

Street Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

I, being of sound mind and over twenty-one (21) years of age, swear or affirm that the date the former facility abandoned the above mentioned address was \_\_\_\_\_

Signature of Landlord or Owner of the building \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Subscribed in my presence and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Commission Expiration Date Required)

**NOTARY SEAL**

## TANNING FACILITY APPLICATION CHECK LIST

This check list must be completed and submitted with the completed Tanning Facility Application. Please note the application must be notarized. By checking the YES boxes you are indicating all requirements have been met and your business will be ready to open within 30 days. Per ORC 4713.14 the use of fraud or deceit in making application for a license or permit may result in Administrative Action.

YES	NO	Establishment Requirements
		Local Zoning and Building Depts. have been contacted to obtain correct permits, inspections and zoning requirements
		Business sign is displayed and clearly visible from the street
		A Certified Tanning Operator must be on duty at all times. Only certified operators 18 years of age or older may work alone
		Remote timers must be installed for each bed or booth.
		Emergency on / off switches must be installed for each bed or booth.
		A thermometer installed in each room with a sign 5 ft. above the floor indicating the maximum temperature permitted.
		Clean and sanitary eye goggles must be provided and readily available for each patron.
		Viricidally effective product must be available to clean beds / booths
		Plastic or rubber mats must be placed over the carpet in front of beds / booths if applicable.
		Restroom (s) available with hot and cold running water.
		Patron information and consent cards must be available at time of an inspection, anyone under the age of 18 must have parent consent to tan.
		If the facility has a computer system, the operator must use daily sign - in sheets
		Tanning Rules must be posted at the front desk.
		Photosensitive Safety Warning Form.
		Acceptable skin typing chart must be available. Skin typing must be completed by a Certified Operator.
		Lamp compatibility charts must be available for all beds/booths. (Owner's manual should contain this information.)
		Owner's manual must be available for all beds / booths
<b>Residential Salon in addition to the above must:</b>		
		Have a separate outside entrance
		Restroom(s) available within the establishment
		Meet local zoning requirements

**By submitting this application and accepting the permit, you confirm that you will abide by the applicable laws and rules set forth in Chapter 4713 of the Ohio Revised and Administrative Codes.**

### Affidavit

State of Ohio, \_\_\_\_\_ county

I swear or affirm that all information contained in this check list and the documents attached are true and accurate to the best of my knowledge and belief.

Signature of Applicant \_\_\_\_\_  
 (Must be signed in presence of notary)

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

**Notary Seal**

\_\_\_\_\_  
 Notary Public (Commission Expiration date required)



# Tanning Risks and Important Information

## **Ultraviolet Radiation - Cancer Risk**

According to the Centers for Disease Control (CDC), indoor tanning exposes users to UV-A and UV-B radiation and has been linked with skin cancers including melanoma (the deadliest type of skin cancer), squamous cell carcinoma, and basal cell carcinoma, and cancers of the eye (ocular melanoma). Indoor tanning is particularly dangerous for younger users; people who begin indoor tanning during adolescence or early adulthood have a higher risk of getting melanoma.

The product is contraindicated for use on persons under the age of 18 years; the product must not be used if skin lesions or open wounds are present; the product should not be used on people who have had skin cancer or a family history of skin cancer; and people repeatedly exposed to UV radiation should be regularly evaluated for skin cancer. **A contraindication means that the product is not indicated for use on persons under the age of 18 years of age.**

## **According to the American Academy of Dermatology and Ohio Dermatological Association:**

The body needs a strong immune system to protect one from developing infections and cancers of all types. Children have immature immune systems, and the damage continues to accumulate across the lifespan. Meaning, the earlier the exposure to tanning radiation and the more exposure that occurs, the earlier the damage that will occur and the worse it will be.

## **Avoid Overexposure**

Overexposure may cause skin injury, eye injury, and possible allergic reactions. Tanning radiation ages the skin and can result in premature wrinkles and other damage to the skin, such as skin cancer. Repeated overexposure may cause aging of the skin, dryness, has been linked to skin cancer. It is recommended not to tan outdoors on days when you are tanning indoors, or if you currently have a sunburn.

## **Ultraviolet Radiation Sensitivity (Photosensitivity: unusual and unexpected increased sensitivity to ultraviolet rays.)**

The use of various drugs, food items, makeup, lotions, and some sunscreen products contain ingredients that may have a photosensitizing effect with the use of ultraviolet tanning equipment. Customers with any known medical conditions or customers who are currently taking any medications should consult their physician or pharmacist before using ultraviolet tanning equipment.

## **Protective Eyewear**

Failure to wear protective eyewear can result in severe burns or injury to the eyes, in addition to premature cataracts, glaucoma, macular degeneration and blindness.

## **Skin Typing**

Skin typing is a required assessment that is used to determine the appropriate tanning exposure schedule for an individual. The types of questions presented on the assessment are about sun sensitivity, natural coloring, recent tanning history, medications, and medical history. Each response is given a numerical value, after the certified operator reviews the questions with the client. The answers are tallied and an individual's sun sensitivity is determined by a score of 1-6. This level of sun sensitivity can then be used when utilizing the manufacturer's printed label for suggested tanning time.

## **Certified Operator**

A certified operator is an employee of a tanning facility who has successfully completed and passed a board approved training course and holds a board approved certificate. Every tanning facility is required to have a certified operator on duty at all times.



OHIO STATE BOARD OF COSMETOLOGY
TANNING CONSENT FORM

Signature on the consent form below is an indication that I have read and understand the risks factors of ultraviolet radiation and overexposure contained on the "Tanning Risks and Important Information" sheet provided. I understand that certain medical conditions and/or medications may cause a photosensitivity of the skin. I further understand that failure to wear protective eyewear may result in sever burns or injury to the eyes. It is also my understanding that a certified tanning operator must perform a skin typing assessment prior to tanning to determine an individualized exposure schedule.

Notice: According to the Centers for Disease Control (CDC), indoor tanning exposes users to UV-A and UV-B radiation and has been linked with skin cancers including melanoma (the deadliest type of skin cancer), squamous cell, and basal cell carcinoma, and cancers of the eye (ocular melanoma). Indoor tanning is particularly dangerous for younger users; people who begin indoor tanning during adolescence or early adulthood have a higher risk of getting melanoma.

The product is contraindicated for use on persons under the age of 18 years; the product must not be used if skin lesions or open wounds are present; the product should not be used on people who have had skin cancer or a family history of skin cancer; and people repeatedly exposed to UV radiation should be regularly evaluated for skin cancer. A contraindication means that the product is not indicated for use on persons under the age of 18 years of age.

The following must be completed for any person under the age of 18, who intends to use sun lamp tanning services:

I (Print Name) being the parent or legal guardian of (Print Name of Minor) grant permission for the above named minor to receive tanning services at (Print Name of Tanning Facility)

Tanning Package Limitations - Requirements for individuals less than 16 years of age:

A consent must be signed by parent or legal guardian of the individual prior to EACH session. By signing this form, the Parent or legal guardian is certifying they are present at the tanning facility for the duration of any consented session.

Tanning Package Limitations - Requirements for individuals at least 16, but less than 18 years of age:

A consent must be signed by parent or legal guardian of the individual every ninety(90) days from the signature date below. The minor tanner shall not use the tanning facility for more than forty-five (45) sessions during the ninety-day (90) consent period. No session may be longer than the maximum safe time of exposure specified. Skin typing shall be performed and maintained on each individual prior to using the tanning facility.

Tanning Minor Date of Birth: Identification: Type of ID: (DL - driver's license, SI—state ID) ID Number: Expiration Date:

Proof of Legal Guardianship Provided (If Applicable): Type: County:

Signature of Parent or legal guardian: Date:

Signature of Tanning Facility Operator: Date:

The following must be completed for any person older than the age of 18, who intends to use sun lamp tanning services:

This statement must be completed and signed to indicate an understanding of the risks associated with the use of indoor sunlamp products.

Age of individual over 18 years of age was confirmed.

I (Print Name) have read and acknowledge the risk factors associated with the use of sunlamp product.

Signature : Date:

The following must be completed by all parents/legal guardians or consenting adults:

No recent prior exposure to a sunlamp product in the last 24 hours.

I (Print Name) have read and acknowledge the risk factors associated with the use of sunlamp products.

Signature

Date



# Ohio State Board of Cosmetology

## Skin Evaluation Record and Fitzpatrick Skin Typing

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mail Address: \_\_\_\_\_

Skin Type Score	Skin Type Number
0-7	1 (You may not tan)
8-16	2
17-25	3
25-30	4
Over 30	5-6

Score	0	1	2	3	4	Score
<b>Genetic Predisposition</b> (Circle the answer that best matches your genetic predisposition)						
What is the color of your eyes?	Light blue, grey or green	Blue, grey or green	Blue	Dark Brown	Brownish Black	
What is the natural color of your hair?	Sandy/Red	Blonde	Chestnut/Dark Brown	Dark Brown	Black	
In your unexposed areas, what is the color of your skin?	Reddish	Very Pale	Pale with Beige Tone	Light Brown	Dark Brown	
What amount of freckles do you have on your unexposed skin	Many	Several	Few	Incidental	None	
						TOTAL: _____
<b>Reaction to Sun Exposure</b> (Circle the answer that best matches your reaction to sun exposure)						
What happens when you stay in the sun too long?	Painful redness, blistering and peeling	Blistering followed by peeling	Burn followed by peeling	Rarely Burns	Never Burns	
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark brown quickly	
How often do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always	
						TOTAL: _____
<b>Tanning Habits</b> (Circle the answer that best matches your tanning habits)						
When did you last expose your skin to the sun?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago	
When tanning, how often do you expose your entire body?	Never	Hardly ever	Sometimes	Often	Always	
						TOTAL: _____

Skin Type Total: \_\_\_\_\_

**THIS RECORD MUST BE KEPT ON FILE IN THE TANNING FACILITY FOR EACH TANNING CUSTOMER**