



THE OHIO STATE BOARD OF COSMETOLOGY

1929 Gateway Circle Grove City, Ohio 43123

Phone: (614) 466-3834 www.cos.ohio.gov

TANNING FACILITY PERMIT APPLICATION

If a Tanning Facility has an existing disciplinary action, a change of ownership, name change, or location cannot take place until the disciplinary action has been closed. You may contact the Board office to verify the status of a license.

If establishing a tanning facility within a salon a separate application and fee is required.

Upon receipt and approval of the application, a State Board Inspector will contact you to arrange an opening inspection. You are not permitted to open for business until you received an approved Inspection by the Ohio State Board of Cosmetology.

A mailbox/receptacle must be in place to receive mail; if license cannot be delivered, it will be returned to the Board office as undeliverable.

Tanning Facility Permit must be received prior to opening business.

Tanning Facilities are required to follow the laws and rules found in Chapter 4713 of the Ohio Revised Code and Chapter 4713 of the Ohio Administrative Code.

[CLICK HERE](#) to view the Laws and rules.

Tanning Facilities are required (ORC 4713.082) to post the Tanning Facility Standards provided by the Board in a public and conspicuous place in the salon.

[CLICK HERE](#) to access a copy of the standards.

Each tanning facility is required to have an operator who possesses a valid and current certificate of formal training, (as defined in Chapter 4713 of the Ohio the Administrative Code), on duty at all times. Formal training courses for operators must meet the requirements of the Ohio Administrative Code. A board approved certificate shall be maintained within the facility and be available for inspection upon request. [CLICK HERE](#) to view requirements.

Tanning Facility Permits are not transferable from owner to owner or location to location.

The completed application and required fee must be mailed to:

**The Ohio State Board of Cosmetology 1929
Gateway Circle
Grove City, Ohio 43123**

Faxed applications will not be accepted.

If you have questions or concerns call: 614-644-6121



THE OHIO STATE BOARD OF COSMETOLOGY

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

TANNING FACILITY PERMIT APPLICATION

FEE: \$65.00 (Non-Refundable/Non-Transferable)
MAKE CHECK or MONEY ORDER ONLY
MADE PAYABLE TO: TREASURER STATE OF OHIO
CASH WILL BE RETURNED

Anticipated Opening Date

____/____/____
 Month Day Year

Application is a fill-in document and must be typed.
Applications that are illegible will be returned.

TYPE OF APPLICATION (Select only one type per application)				
TANNING FACILITY	New Facility	Change of Location	Change of Ownership	Change of Name
FACILITY NAME & LOCATION INFORMATION				
FACILITY NAME (Name must match business sign)				
FACILITY ADDRESS	STREET SUITE, UNIT OR STORE NUMBER: CITY: STATE: OHIO COUNTY: ZIP CODE:			
PREVIOUS ADDRESS (only if this is a change of address)	STREET: SUITE, UNIT OR STORE NUMBER: CITY: STATE: OHIO COUNTY: ZIP CODE:			
FACILITY PERMIT NUMBER (only if an existing facility)	TAN. _____			

FACILITY PHONE NUMBER:	
FACILITY WEBSITE:	
FACILITY E-MAIL:	

OWNERSHIP INFORMATION

Sole - Proprietorship
(one owner)

Owner DOB ____/____/____
 Month Date Year

NAME:
STREET:
CITY: STATE: OHIO COUNTY:
ZIP CODE: PHONE NUMBER:
SSN: EMAIL :

Partnership
(two or more owners)

Owner DOB ____/____/____
 Month Date Year

NAME:
STREET:
CITY: STATE: OHIO COUNTY:
ZIP CODE: PHONE NUMBER:
SSN: EMAIL :

Owner DOB ____/____/____
 Month Date Year

NAME:
STREET:
CITY: STATE: OHIO COUNTY:
ZIP CODE: PHONE NUMBER:
SSN: EMAIL :

Owner DOB ____/____/____
 Month Date Year

NAME:
STREET:
CITY: STATE: OHIO COUNTY:
ZIP CODE: PHONE NUMBER:
SSN: EMAIL :

Corporation or LLC

NAME:
STREET:
CITY: STATE: OHIO COUNTY:
ZIP CODE: PHONE NUMBER:
FEIN: EMAIL :

If you would like the initial permit mailed to an address other than the Facility address, list that address below. NOTE: This address can only be used for the initial permit, all other correspondence will be mailed to the actual facility address.

Name:

Street Address:

City:

State:

Zip Code:

AUTHORIZED REPRESENTATIVE CONTACT INFORMATION ~ REQUIRED

The Authorized Representative is the individual legally authorized to sign official correspondence from the Board on behalf of the business.

NAME:

STREET:

CITY:

STATE: OHIO

COUNTY:

ZIP CODE:

PHONE NUMBER:

SSN:

EMAIL :

Notice on Collection of Personal Information

The Ohio State Board of Cosmetology collects personal information on this form principally to identify and evaluate an applicant's qualifications for licensure, issue and renew licensure and enforce the provisions of Section 4713 of the Ohio Revised Code. Submission of this information is mandatory and the Board cannot process your application without a complete and accurate profile that includes the information requested. Information submitted to the Board, **excluding** confidential personal information as listed under Section 149.43 of the Ohio Revised Code, may be disclosed in response to a request for public records, to another state or government agency as required by law, or pursuant to a court order. Licensees may request to review the information maintained by the Ohio State Board of Cosmetology. Questions should be directed to the Board office. The Ohio State Board of Cosmetology maintains personal information data in an interconnected enterprise licensing data system that is accessed by other agencies authorized to engage in occupational and professional licensing in the state of Ohio. Access to personal information data maintained in the interconnected enterprise licensing system by participating agencies is strictly limited to purposes identified by each participant, in accordance with Section 1347.15 of the Revised Code. I hereby request that in order to process my application, act upon renewal requests, and to respond to public requests to confirm my license/certificate status, my personal information be accessed in accordance with OAC 4713-1-13(E) and (G).

Signature

Date

Signature

Date

Signature

Date

In the matter of a Partnership **ALL** partners are required to sign and date this form.

Affirmation

I affirm that:

- 1) all information contained in this application is true and accurate to the best of my knowledge and belief;
- 2) as the facility owner, I understand that I am required to follow the laws and rules found in Chapter 4713 of the Ohio Revised Code and Chapter 4713 of the Ohio Administrative Code, which govern (tanning services) in Ohio;

Signature of Applicant _____ Date _____

Business Transaction

Affidavit-Complete if you are purchasing an existing salon with an "ACTIVE" license, involving only a change of ownership.

This form does not need to be completed if your Facility is a new build or structure and has not previously been issued a permit by the Ohio State Board of Cosmetology.

Affidavit

State of Ohio, County _____

I, hereby swear or affirm that an actual change of ownership has occurred regarding the business listed below.

Name of Business _____ Current Permit # _____

Address _____

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

Ohio State Board of Cosmetology Tanning Consent Form Guidelines per OAC 4713-19-09(B)

1. Consent form is required for persons under the age of 18.
2. Consent form must be completed in the presence of the tanning facility manager, certified operator or employee.
3. A description of the purchased package must be recorded (i.e. one month unlimited, 10 for \$20.00, etc.)
4. Date of Birth of the tanning minor must be recorded.
5. Proof of Legal Guardianship would be a copy of a court document indicating guardianship. The tanning facility would not be required to retain a copy of the proof of legal guardianship. Record the county who issued the document. Legal Guardian proof of identification would be a current valid driver's license or state issued photo identification. The tanning facility would not be required to retain a copy of the proof of identification. Record the state and id number.
6. Parent proof identification would be a current valid driver's license or state issued photo identification. The tanning facility would not be required to retain a copy of the proof of identification. Record the state and id number.
7. Signatures and dates must be obtained by the Parent or Legal Guardian, Tanning Minor and the Tanning Facility Operator.



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 severe 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 _____ being the parent or legal guardian of _____
(Print Name) (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 18 years of age or older, 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 (18+) confirmed.

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

Signature : _____ Date: _____

The following must be completed by all parents/legal guardians or individuals 18 years of age or older:

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

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

Signature Date



Ohio State Board of Cosmetology

Skin Evaluation Record and Skin Typing Test

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
Genetic Predisposition (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: _____
Reaction to Sun Exposure (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: _____
Tanning Habits (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

Photosensitivity Warning

Various drugs, food items, makeup and some sunscreen products contain ingredients that may have a photosensitizing effect with the use of ultraviolet tanning equipment.

Customers with any known medical condition, or currently taking any medication, should consult their physician before using ultraviolet tanning equipment.

To view a photosensitivity report on specific medications please visit:

<http://www.skincancer.org/publications/photosensitivity-report/medications>