

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
BOARD OF BARBERING, COSMETOLOGY, & ESTHETICS

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**BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
APPLICATION TO RENEW A TANNING FACILITY**

In order to process your tanning renewal application, this application must be properly completed with all required information. **A Renewal fee of \$45.00** is required. Please make check or money order payable to "Treasurer, State of New Hampshire". Incomplete renewal applications **WILL BE RETURNED**. **A \$55.00 late fee is also required for any renewal application received after April 30th.**

TANNING FACILITY NAME: _____

FACILITY **PHYSICAL** ADDRESS: _____ Phone #: _____

FACILITY **MAILING** ADDRESS: _____

Tanning facility being renewed is owned by (**CHECK ONLY ONE**):

Individual Name: _____

Address: _____ Phone #: _____

If the tanning facility being renewed is a Corporation, LLC, or Partnership a complete list of all owners names, addresses, and telephone numbers must be provided. Attach a separate sheet if necessary to list all owners.

Corporation Name: _____
or L.L.C

Address: _____ Phone #: _____

Partnership Name: _____

Address: _____ Phone #: _____

Name: _____

Address: _____ Phone #: _____

TANNING DEVICE INFORMATION: Complete the information for each tanning device. List bed, booth, or other (please specify). Do not list equipment such as protective eyewear, timers or spray tan equipment. Attach a separate sheet if necessary to list all equipment.

1. _____ # of devices
Type of tanning device
2. _____ # of devices
Type of tanning device
3. _____ # of devices
Type of tanning device
4. _____ # of devices
Type of tanning device
5. _____ # of devices
Type of tanning device

ALL TANNING RENEWALS MUST BE SIGNED

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material to the issuance of the certificate of registration as applied for. Also I have read RSA 313-A, and the Board Administrative rules and will act in accordance with them. (All tanning information can be obtained from the web at www.nh.gov/cosmet)

Signature of applicant: _____

Date: _____