



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
**Board of Barbering, Cosmetology and Esthetics**  
7 Eagle Square, Concord, NH 03301  
Phone: 603-271-2152

**BOARD OF BARBERING, COSMETOLOGY & ESTHETICS**  
**APPLICATION FOR A TANNING FACILITY REGISTRATION**

PLEASE ENCLOSE THE FOLLOWING:

1. Application fee. Please make check or money order payable to: Treasurer, State of New Hampshire.

**FACILITY INFORMATION**

Tanning Facility Name: \_\_\_\_\_  
Tanning Facility Physical Address: \_\_\_\_\_  
Tanning Facility Mailing Address: \_\_\_\_\_

**APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_  
Business Address of Applicant: \_\_\_\_\_  
Phone (optional): \_\_\_\_\_  
Email (optional; board notices will be sent electronically via email): \_\_\_\_\_

Applicant is a/an (**CHECK ONLY ONE**):

Individual

Name under which business will be conducted: \_\_\_\_\_

Partnership

Name under which business will be conducted: \_\_\_\_\_  
Name(s) and business address(es) of all members (attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LLC or Corporation

Name of the corporation: \_\_\_\_\_

Name(s) and business address(es) of all officers of the corporation (attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TANNING DEVICE INFORMATION**

Pursuant to RSA 313-A:28, II, "list the number and type of tanning devices at each tanning facility location." "Tanning device" includes any equipment, including a sunlamp, tanning booth, and tanning bed, that emits electromagnetic radiation with wavelengths in the air between 200 and 400 nanometers and is used for the tanning of human skin. The term also includes any accompanying equipment, including protective eyewear, timers, and handrails." RSA 313-A:1, XIV. **Add additional sheets if necessary.**

- 1. Device Type: \_\_\_\_\_ No. of Devices: \_\_\_\_\_
- 2. Device Type: \_\_\_\_\_ No. of Devices: \_\_\_\_\_
- 3. Device Type: \_\_\_\_\_ No. of Devices: \_\_\_\_\_
- 4. Device Type: \_\_\_\_\_ No. of Devices: \_\_\_\_\_
- 5. Device Type: \_\_\_\_\_ No. of Devices: \_\_\_\_\_

Owner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_