**RULE 5 TANNING FACILITIES - LICENSE APPLICATION**
CENTRAL VALLEY HEALTH DISTRICT
Environmental Health Department
EH 500 (08/2026)

## INSTRUCTIONS FOR LICENSE APPLICATION

1. **Complete the Application**
   The application must be completed in its entirety (Section 1 and Section 2). Incomplete applications will not be processed and will be returned to the applicant, which may delay review and could result in denial of licensure.

2. **Submit Application Materials**
   Submit all required application documents to Central Valley Health District's Environmental Health Department (hereafter referred to as "the Department") at least **30 days prior** to beginning construction and/or operation. Applications may be submitted using one of the following methods:

   **Mail or Deliver to:** Central Valley Health District
   Environmental Health Department
   122 2nd St NW
   Jamestown, ND 58401

   **Email:** eh@centralvalleyhealth.org
   **Fax:** 701-252-8137

3. **Application Review and Fees**
   The applicant will be contacted to confirm receipt of the application and provided with information regarding the review process and applicable fees. The current CVHD Environmental Health Fee Schedule is available online at https://centralvalleyhealth.org/eh/.

   Note: New, remodeled, and/or change of use facilities will be assessed Facility Application and Facility Licensure fees. Change of ownership from a currently licensed and operating business (no change of services, staff, or remodel) to a new owner will only be assessed the Change of Ownership fee.

4. **Plan Changes**
   Changes to submitted plans may require an additional review. Changes made without prior approval may void the application. The applicant must notify the Department of any modifications to layout, equipment, process flow, or submitted documents.

5. **Licensure and Pre-Operational Requirements**
   A license will not be issued until a pre-operational or change-of-ownership inspection has been completed, and the facility is in compliance. Prior to operation, the facility must also be registered with the North Dakota Secretary of State by calling 701-328-2900.

## PLAN REVIEW PROCESS

- **Plan Review Timeline**
  Plan review will begin upon receipt of a complete application and required fee. Allow up to 30 business days for review. Incomplete or missing information may delay the review process. Written notification of approval or required revisions will be provided within this timeframe.

- **Approval of Changes**
  Changes to the facility layout, equipment, process flow, or submitted documents must be approved by the Department prior to implementation. Unapproved changes may void the plan review submission and require resubmittal and additional review.

## PLAN REVIEW PROCESS (CONTINUED)

- **Additional Approvals**
  Approval by the Department does not constitute approval from other regulatory agencies. The applicant is responsible for obtaining all required local and state approvals, including but not limited to Building, Zoning, Fire, Electrical, and Structural permits. It is recommended that local planning and zoning approval be obtained prior to submitting plans to the Department. Additional agency approvals may be required. Documentation must be submitted prior to final license approval, including but not limited to:

| | |
|---|---|
| Local Building Code Authority | Contact your city or county for a building permit, building inspection or occupancy certificate. |
| ND Secretary of State | Register your business at sos.nd.gov/business/business-services or call 701-328-2900. |
| ND State Tax Commissioner | Apply for state tax ID number at nd.gov/tax/businesses or call 701-328-1241. |
| ND Attorney General | Apply for a liquor license at attorneygeneral.nd.gov or call 701-328-2210. |
| ND State Fire Marshal | Request a fire inspection from the state or local fire authority at firemarshal.nd.gov or call 701-328-5555. |
| ND State Plumbing Board | Request a pluming certification or proof of licensed installation at ndplumbingboard.gov or call 701-238-9977. |
| ND State Electrical Board | Request an electrical certificate or proof of licensed installation at ndseb.com or call 701-328-9522. |
| ND Dept of Environmental Quality | Submit water and wastewater system plans for approval to Division of Municipal Facilities at deq.nd.gov/MF or call 701-328-5200. For onsite wastewater treatment systems serving less than 15 connections or less than 25 people, contact the Department for permit requirements. |

For questions or assistance, please contact Central Valley Health District's Environmental Health Department at 701.252.8130 or email eh@centralvalleyhealth.org.

## APPLICANT CHECKLIST

This checklist serves as a guide for tanning facility applicants and includes a listing of documentation that may be required with the submission of the application.

### NEW/REMODELED/CHANGE OF USE FACILITY

- ☐ Section 1 & 2
- ☐ Floor Plan Drawing
- ☐ Local Building Inspection*
- ☐ Fire Inspection
- ☐ Body Art Operator Government Issued Photo Identification
- ☐ Body Art Operator First Aid Training Certification
- ☐ Body Art Operator Bloodborne Pathogen Certification
- ☐ Body Art Operator Vaccination Records – Hepatitis B
- ☐ Consent Form

**OTHER DOCUMENTS (IF APPICABLE)**

- ☐ Plumbing Certificate
- ☐ Electrical Certificate
- ☐ Private Source Water Supply Testing Results
- ☐ Private Sewage Disposal Witten Approval/Permit

### CHANGE OF OWNERSHIP ONLY (Includes facilities with same services and staff with no remodel.)

- ☐ Section 1
- ☐ Consent Form
- ☐ Aftercare Instructions
- ☐ Exposure Control Plan
- ☐ Regulated Waste Operating Plan

*NOTE: Each jurisdiction has different building inspection processes. Consult with your local jurisdiction to determine the necessary inspection requirements.

## SECTION 1: TANNING FACILITY AND OWNER INFORMATION

### TYPE OF OWNERSHIP

☐ New business/newly built business or new construction

☐ Change in ownership of a currently licensed business with no changes to service offered and no remodel

☐ Existing Owner/Change in ownership of a currently licensed business with remodel, renovation, or changes to service offered

### CHANGE OF OWNERSHIP

| Previous Business Name: | Previous Owner Name: | Change in Ownership Effective Date: |
|---|---|---|
| | | |

### FACILITY INFORMATION

| Facility Name: | Facility Email Address: | Facility Telephone Number: | |
|---|---|---|---|
| Facility Physical Address: | City: | State: | Zip Code: |
| Facility Mailing Address: (if different from above) | City: | State: | Zip Code: |
| Estimated Opening Date | Facility Operation Plan:<br>☐ Year Round ☐ Seasonal | | |
| If seasonal, list months of operation: ☐ N/A | What are the planned hours of operation? (include days and times) | | |

### OWNER INFORMATION

| Owner Name: | Email Address: | Telephone Number: | |
|---|---|---|---|
| Mailing Address: | City: | State: | Zip Code: |

I acknowledge that I have reviewed Central Valley Health District Rule #5 for Tanning Facilities governing the operation of tanning facilities in North Dakota. I certify that the facility for which this application is made will be operated in compliance with all applicable statutes, rules, and regulations.

| Owner/Designee Signature | Date |
|---|---|
| | |

**LICENSE EXPIRES DECEMBER 31ST OF EACH YEAR**

## SECTION 2: PLAN REVIEW

The requirements outlined in this document are consistent with Central Valley Health District Rule #5 for Tanning Facilities. The Central Valley Health District Board of Health has the authority to enforce these rules in accordance with North Dakota Century Code Chapter 23-39 and North Dakota Administrative Code Article 33-42. Change of ownership facilities do not need to complete Section 2.

| PROJECT INFORMATION | | | |
|---|---|---|---|
| **CONSTRUCTION, REMODEL, CONVERSION, RENOVATION ESTIMATIONS** | | | |
| Project Start Date: | Estimated Completion Date: | | |
| **POINT OF CONTACT INFORMATION** | | | |
| **CONTACT #1** | | | |
| Role: ☐ Architect ☐ Designer ☐ Professional Engineer ☐ Other: | | | |
| Name: | | | |
| Address: | City: | State: | Zip Code: |
| Email Address: | Telephone Number: | | |
| **CONTACT #2** | | | |
| Role: ☐ Architect ☐ Designer ☐ Professional Engineer ☐ Other: | | | |
| Name: | | | |
| Address: | City: | State: | Zip Code: |
| Email Address: | Telephone Number: | | |
| **CONTACT #3** | | | |
| Role: ☐ Architect ☐ Designer ☐ Professional Engineer ☐ Other: | | | |
| Name: | | | |
| Address: | City: | State: | Zip Code: |
| Email Address: | Telephone Number: | | |

**A. Submit a floor plan drawing (8.5" X 11" to scale minimum) showing the following:**

- Identify the locations of all entrances, exits, tanning room areas, waiting and seating areas, maintenance room, storage areas, describe off-site storage locations, restrooms, employee changing and break room areas, chemical supply storage, and refuse areas (interior/exterior).
- Include room size.

**B. Attach list of body art equipment.**

- Include all tanning beds make and manufacturer tubes, bulbs, and lamps used.

**C. Plan Review Checklist**

Complete Section 2 and submit with application and requested documents.

## SECTION 2: PLAN REVIEW (CONTINUED)

### FACILITY INFORMATION

### 1. OPERATIONS

| | | | |
|---|---|---|---|
| Will the facility provide services for those under 18 years of age? | ☐ Yes | ☐ No | ☐ N/A |
| Will the facility provide services for those under 14 years of age? | ☐ Yes | ☐ No | ☐ N/A |
| Will the facility be staffed during operating hours by staff trained to inform and assist clients in the proper use of the tanning device? | ☐ Yes | ☐ No | ☐ N/A |
| Will a client be prohibited from using a tanning device more than once every 24 hours?<br>If YES, explain how: | ☐ Yes | ☐ No | ☐ N/A |
| How will the client records be stored? | | | |
| Will the facility be kept under 100°F? | ☐ Yes | ☐ No | ☐ N/A |

*Include Consent Form and any other client forms with application.

### 2. EQUIPMENT

#### TANNING DEVICE #1

| Manufacture Name: | Model Number: | Maximum Exposure Time: (in mins) |
|---|---|---|
| | | |

| | | | |
|---|---|---|---|
| Does the facility have the manufacturer's literature for this device available? | ☐ Yes | ☐ No | ☐ N/A |

What are the manufacturer's recommendation for tube, bulb and/or lamp recommendation? (explain)

#### TANNING DEVICE #2

| Manufacture Name: | Model Number: | Maximum Exposure Time: (in mins) |
|---|---|---|
| | | |

| | | | |
|---|---|---|---|
| Does the facility have the manufacturer's literature for this device available? | ☐ Yes | ☐ No | ☐ N/A |

What are the manufacturer's recommendation for tube, bulb and/or lamp recommendation? (explain)

#### TANNING DEVICE #3

| Manufacture Name: | Model Number: | Maximum Exposure Time: (in mins) |
|---|---|---|
| | | |

| | | | |
|---|---|---|---|
| Does the facility have the manufacturer's literature for this device available? | ☐ Yes | ☐ No | ☐ N/A |

What are the manufacturer's recommendation for tube, bulb and/or lamp recommendation? (explain)

## SECTION 2: PLAN REVIEW (CONTINUED)

### 2. EQUIPMENT (CONTINUES)

| | | | |
|---|---|---|---|
| Will each tanning device have warning sign posted next to it? | ☐ Yes | ☐ No | ☐ N/A |
| Will the facility provide Food and Drug Administration (FDA) approved protective eyewear? | ☐ Yes | ☐ No | ☐ N/A |
| Will each tanning device be equipped with a time device?<br>If YES, where will the timing device control be located? | ☐ Yes | ☐ No | ☐ N/A |
| Will each bed be equipped with a mechanism that allows customers to turn off the tanning device? | ☐ Yes | ☐ No | ☐ N/A |

### 3. PHYSICAL FACILITIES

| | | | |
|---|---|---|---|
| Are floors, walls, and ceilings smooth easily cleanable? | ☐ Yes | ☐ No | ☐ N/A |
| Are lights shielded/shatterproof? | ☐ Yes | ☐ No | ☐ N/A |
| Identify the number of tanning rooms in the facility: | | | |
| Will disposable towels or clean towels be provided to customers? | ☐ Yes | ☐ No | ☐ N/A |
| If YES to clean towels, how will towels be cleaned?<br>☐ Onsite laundering (skip to next question)<br>☐ Other: (explain) | ☐ Yes | ☐ No | ☐ N/A |
| Is laundering provided on-site? | ☐ Yes | ☐ No | ☐ N/A |
| If YES, how will you store dirty and clean linens? (include laundering location on drawing) | | | |

### 4. Sink Facilities

Identify total number of the sinks in each of the following locations:

| Procedure Area Handwashing Sink | Mop Sink | Other Sinks |
|---|---|---|
| | | |

NOTE: All handwashing sinks must be equipped with hot and cold running water, soap, and disposable towels or heated-air drying device. Handwashing signage is required. Handwashing sink shall be used for no purpose other than hand washing.

### 5. Water Supply

| | | | |
|---|---|---|---|
| Is the water sourced from a city or public system? | ☐ Yes | ☐ No | ☐ N/A |
| Is the water sourced from a private system (i.e., private well water)?<br>If YES, a copy of the most recent bacteria and nitrate/nitrite water test will be required.<br>View well water testing information. | ☐ Yes | ☐ No | ☐ N/A |
| Is there a water drinking fountain? | ☐ Yes | ☐ No | ☐ N/A |

### 6. Sewage Disposal

| | | | |
|---|---|---|---|
| Is sewage disposal through a city or public system? | ☐ Yes | ☐ No | ☐ N/A |
| Is sewage disposal through a private system?<br>If YES, a copy of the written approval or permit will be required.<br>View onsite septic system information. | ☐ Yes | ☐ No | ☐ N/A |

## SECTION 2: PLAN REVIEW (CONTINUED)

### 7. Plumbing

Is all plumbing work installed to code? ☐ Yes ☐ No ☐ N/A

If YES, attach certificate or proof of licensed installation.

If NO, explain in detail:

Do all drains have entrapment prevention that adheres to the requirements of the Virginia Graeme Baker Pool and Spa Safety Act (VGB Act)? ☐ Yes ☐ No ☐ N/A

### 8. Restrooms

Are the number of restrooms and their location to code? ☐ Yes ☐ No ☐ N/A

Are there covered waste receptacle in the female restroom? ☐ Yes ☐ No ☐ N/A

Are the handwashing facilities equipped with hot/cold water? ☐ Yes ☐ No ☐ N/A

Are the doors tight fitting and self-closing? ☐ Yes ☐ No ☐ N/A

Is there a diaper changing station(s) available in all male/female/unisex restroom(s)? ☐ Yes ☐ No ☐ N/A

### 9. Pest Control Management Program

Are all outside doors self-closing and rodent proof? ☐ Yes ☐ No ☐ N/A

Will all entrances (doors/windows) left open to the outside be protected against the entry of insects and rodents? ☐ Yes ☐ No ☐ N/A

If applicable, what pest control method will be used? (select all that apply)

- ☐ Screens (16 mesh to 1 inch)
- ☐ Air curtains
- ☐ Other effective means

Is pest control management contractor planned? ☐ Yes ☐ No ☐ N/A

If YES, list contractor:

Is area around building clear of unnecessary brush, litter, and other harborage? ☐ Yes ☐ No ☐ N/A

Are all pipes and electrical conduit chases be sealed to prevent pests? ☐ Yes ☐ No ☐ N/A

### 10. Refuse, Recyclables, and Returnables

List waste disposal entity:

| Regular Waste | Contaminated Waste | Sharps Disposal |
|---|---|---|
| | | |

Once removed where will refuse be stored?

| Regular Waste | Contaminated Waste | Sharps Disposal (once full) |
|---|---|---|
| | | |

How often will waste be picked up by the above entity?

| Regular Waste | Contaminated Waste | Sharps Disposal |
|---|---|---|
| | | |

Will dumpsters be provided for regular waste? ☐ Yes ☐ No ☐ N/A

If YES, do all containers have lids? ☐ Yes ☐ No ☐ N/A

If facility is recycling where will recycling be taken to/picked up by?

*Include written Regulated Waste Operating Plan.

## SECTION 2: PLAN REVIEW (CONTINUED)

### 12. CHEMICALS

Is an EPA registered tuberculocidal disinfectant being utilized in body art procedure area? ☐ Yes ☐ No ☐ N/A

List type(s) of chemicals and where to be used:

| Name of chemical: | Descriptions of use: (wipe down counters after procedure, soaking utensils etc.) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Are test papers and/or kits available for checking chemical concentration? ☐ Yes ☐ No ☐ N/A

### 13. Sterilization

Will there be an autoclave used? ☐ Yes ☐ No ☐ N/A

If YES, is there a separate sterilization room? (include on drawing) ☐ Yes ☐ No ☐ N/A

Will there be an ultrasonic cleaner used? ☐ Yes ☐ No ☐ N/A

How will the autoclave be tested? (explain)

*Include Third party sterilization testing results

### 14. Poisonous or Toxic Materials

Will only poisonous or toxic materials necessary for the operation of the facility be allowed, be clearly labeled, and will they be stored to prevent contamination? ☐ Yes ☐ No ☐ N/A

## ADDITIONAL INFORMATION

Include any additional information relevant to facility not elsewhere included:

Please acknowledge the following statements by initializing in the space provided:

_____ Should any imminent health hazard risks such as: fire, flood, sewer back-up, interruption of electrical or water service, insect or rodent infestation occur in the facility, the facility will contact the Department as soon as feasible for guidance for business closure or ongoing operation.

_____ Licenses are non-transferable and expire December 31st of each year. If you are selling your business, the new owner must contact Department for plan review and licensure. If the facility requires updates to meet current health code, updates will need to take place prior to the new licensure.

I understand that plan approval does not constitute compliance with state or local licensing requirements and does not authorize operation or occupancy of a tanning facility. Approval of plans is not the issuance of a license and does not represent endorsement of the completed structure or equipment. I understand that pre-operational inspection is required to determine compliance with laws governing body art facilities and to grant final license approval prior to operation.

I certify that the information submitted is accurate and understand that any deviation from the approved plans without prior written approval from Central Valley Health District's Environmental Health Department may void this plan review submission.

| Owner/Designee Signature | Date |
|---|---|
| | |