

# TANNING FACILITY INFORMATION FORM

<b>FACILITY INFORMATION</b>	FACILITY NAME _____		<input type="checkbox"/> CHAIN
	FACILITY LOCATION ADDRESS _____		<input type="checkbox"/> FRANCHISE
	CITY _____	POSTAL CODE _____	<input type="checkbox"/> _____
	FACILITY MAILING ADDRESS <input type="checkbox"/> SAME AS FACILITY OR _____		
	TELEPHONE _____	FAX _____	
	E-MAIL _____	WEBSITE _____	
OPERATOR NAME _____			

<b>FACILITY'S REGISTERED OWNER(S)</b>	REGISTERED OWNER NAME _____		<input type="checkbox"/> SOLE PROPRIETOR
	MAILING ADDRESS _____		<input type="checkbox"/> PARTNERSHIP
	CITY _____	POSTAL CODE _____	<input type="checkbox"/> INCORPORATED
	TELEPHONE _____	FAX _____ <input type="checkbox"/> _____	
	E-MAIL _____	WEBSITE _____	

<b>BUILDING INFORMATION</b>	<input type="checkbox"/> BUILDING/PROPERTY ADDRESS INFORMATION SAME AS FACILITY ADDRESS
	<input type="checkbox"/> BUILDING OWNER INFORMATION SAME AS FACILITY OWNER

<b>BUILDING OR COMPLEX</b>	IS THE FACILITY PART OF A MALL? <input type="checkbox"/> IF SO, MALL NAME _____		
	BUILDING NAME (IF DIFFERENT FROM FACILITY) _____		
	ADDRESS _____	CITY _____	POSTAL CODE _____

<b>OWNER OF BUILDING OR COMPLEX</b>	REGISTERED NAME _____		<input type="checkbox"/> SOLE PROPRIETOR
	MAILING ADDRESS _____		<input type="checkbox"/> PARTNERSHIP
	CITY _____	PROVINCE _____	POSTAL CODE _____ <input type="checkbox"/> INCORPORATED
	TELEPHONE _____	FAX _____ <input type="checkbox"/> _____	
	E-MAIL _____	WEBSITE _____	

<b>EQUIPMENT INFORMATION</b> [INDICATE ANY LEASED EQUIPMENT WITH AN ASTERISK (*)]	MODEL	SERIAL NUMBER	MANUFACTURE DATE	MANUFACTURER ADDRESS

<b>NOTES</b>	<hr/> <hr/> <hr/> <hr/>
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<b>SIGNATURE</b>	SIGNATURE _____ DATE _____
	PRINT NAME _____