

SOUTHBOROUGH BOARD OF HEALTH  
17 COMMON STREET  
SOUTHBOROUGH, MA 01772-1662



DIRECT # 508-481-3013  
MAIN # 508-485-0710  
FAX # 508-480-0161

**APPLICATION FOR A PERMIT TO OPERATE A TANNING FACILITY**

FEE	\$100.00 per Year	LICENSE #	_____
PAID	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK #	_____
NEW	<input type="checkbox"/>	<input type="checkbox"/> RENEWAL	_____

APPLICANT NAME & TITLE \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_

ESTABLISHMENT NAME \_\_\_\_\_

ESTABLISHMENT PHONE # \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

ESTABLISHMENT ADDRESS \_\_\_\_\_

IF CORPORATION OR PARTNERSHIP GIVE NAMES, TITLES AND HOME ADDRESSES OF OFFICERS

1. \_\_\_\_\_

2. \_\_\_\_\_

Number of Tanning Devices in the Establishment \_\_\_\_\_

As Per 105 CMR 123.005 - Applicant must provide the Board of Health with the following:

1. a list of all Operators (name(s), home address, phone number) and copies of all certifications;
2. the manufacturer, model number, model year, serial number (if available) and type of each ultraviolet lamp or tanning located in the facility;
3. the geographic areas within the Board's jurisdiction to be covered, if the facility is mobile;
4. the name and address of the tanning device supplier, installer, date of installation of each tanning device, and service agent;
5. a copy of the consent form to be used by the facility in fulfilling the requirements of 105 CMR 123.003(D)(2) and (3)
6. a copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices.
7. a copy of the warning given to each client

**Pursuant to Massachusetts General Laws Chapter 62C, section 439A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.**

**In signing this Application, I certify that I have received, read and understand the requirements of 105 CMR 123.000**

\_\_\_\_\_  
TAXPAYER IDENTIFICATION #

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE