



Joseph C. Sullivan
Mayor

Department of Municipal Licenses and Inspections

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2009

TANNING FACILITY PERMIT APPLICATION

Name of Tanning Facility: _____

Address of Tanning Facility: _____

Tanning Facility Telephone Number: _____

Emergency Phone Number: _____

Tanning Facility Owner(s): _____

Owner(s) Address: _____

1. Provide with this application, the following information:
 - a) list of the manufacturer, model number, model year, serial number (if available) and type of each ultraviolet lamp or tanning device located within the facility.
 - b) the name and address of the tanning device supplier, installer, date of installation of each tanning device, and the service agent.
 - c) copy of the consent form to be used by the facility in fulfilling the requirements of 105 CMR 123.003(D)(2) and (3).
 - d) copy of the operating and safety procedures to be followed in the operation of the tanning facility and tanning devices.

Annual permit fee: Tanning Facility with one tanning device shall be **\$100.00.**
Fee for each additional tanning device shall be **\$ 25.00.**

Total number of Tanning Devices: _____

Total Fee: _____

Owner certifies that he/she has received, read, and understood the requirements of *105 CMR 123.000 Tanning Facilities.*

Signed under the pains and penalties of perjury that all information in this application is true and correct.

Signature of Owner

Date of Application

FOR DEPARTMENT OF MUNICIPAL LICENSES AND INSPECTIONS USE ONLY

Date Received: _____

Date Inspected/Reviewed: _____

Date Approved: _____

Permit Number: _____

Health Agent Initials: _____