



## City of Taunton

Board of Health

45 School Street

Massachusetts 02780-3212

# Application for Permit to Operate a Tanning Facility

Date: \_\_\_\_\_

1. Name of Establishment: \_\_\_\_\_  
Establishment Address: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_

2. Principal Owner(s): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_

3. Operator Name (if different from Owner): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_

4. Number of Tanning Devices:

Beds \_\_\_\_\_

Booths \_\_\_\_\_

5. Tanning Device manufacturer(s): \_\_\_\_\_  
\_\_\_\_\_

(5a) Tanning device model number(s):

[1] \_\_\_\_\_ Installation date: \_\_\_\_\_

[2] \_\_\_\_\_ Installation date: \_\_\_\_\_

[3] \_\_\_\_\_ Installation date: \_\_\_\_\_

[4] \_\_\_\_\_ Installation date: \_\_\_\_\_

(5b) Tanning device model year(s): \_\_\_\_\_

(5c) Tanning device serial number(s) (if available):

[1] \_\_\_\_\_ [5] \_\_\_\_\_

[2] \_\_\_\_\_ [6] \_\_\_\_\_

[3] \_\_\_\_\_ [7] \_\_\_\_\_

[4] \_\_\_\_\_ [8] \_\_\_\_\_

(5d) Type of each ultraviolet lamp or tanning device:

[1] \_\_\_\_\_

[2] \_\_\_\_\_

[3] \_\_\_\_\_  
[4] \_\_\_\_\_

6. Stationary or mobile unit(s):
- Stationary: \_\_\_\_\_
  - Mobile: \_\_\_\_\_
    - Submit the locations at which the mobile unit(s) will be operating.

7. Name of tanning device supplier: \_\_\_\_\_  
Address of tanning device supplier: \_\_\_\_\_

8. Make of tanning device installer: \_\_\_\_\_  
Address of tanning device installer: \_\_\_\_\_

9. Service agent: \_\_\_\_\_

10. The Tanning Facility Operator/Owner must supply the following:
- A copy of the consent form to be used [105 CMR 123.003(D)(2) and (3)]
  - A copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices

11. Enclose a check or money order payable to “*The City of Taunton*” in the Amount of **\$50.00 per tanning device**.

12. I, \_\_\_\_\_, owner of \_\_\_\_\_ do  
Hereby certify that I have received, read and understand the requirements of 105  
CMR 123.00, Tanning Facility regulations.

Signature of Owner/Operator: \_\_\_\_\_ Date: \_\_\_\_\_