

**CITY OF ATTLEBORO
HEALTH DEPARTMENT
GOVERNMENT CENTER 77 PARK STREET
ATTLEBORO MA 0203
(508) 223-2222 EXT. 3241
APPLICATION FOR TANNING FACILITY LICENSE**

FEE: \$125.00

Date _____

Business Name _____

Business Address _____

Business Phone _____

Applicant _____

Applicant Address _____

Emergency contact _____

Emergency contact phone _____

Tanning Device Supplier _____

Device Supplier Address _____

Manufacturer _____

Model Number _____

Serial Number _____

Type of lamp or tanning device _____

I have read over 105 CMR 123.000 to 123.016 and MGL c111,SS 207 through 214.
I agree to all regulations listed and will be inspected for these procedures accordingly.

I have enclosed with this application a blank consent form to be used by this facility in fulfilling the requirements of 123.003.D and a copy of operating and safety procedures to be followed in the operation of this facility.

Applicant Signature

Current License Expires On April 30th – Renewal Due On or Before Expiration Date.

CONSENT FORM FOR TANNING

Date:

Business Name:

Business Address:

I _____ agree to all regulations listed and will follow the requirements of 123.003D.

I _____ will operate and use all safety procedures as stated in 123.003D.

Signed: _____