



Local Public Health Working Together

Beverly Danvers Essex Gloucester Hamilton Ipswich Lynn Lynnfield Manchester-by-the-Sea
Marblehead Nahant Peabody Rockport Salem Saugus Swampscott Topsfield Wenham



Public Health
Prevent. Promote. Protect.

Application for Tanning Facility Permit 105 CMR 123.000

INSTRUCTIONS: 1) Provide the information requested below. 2) Sign the application and return it, along with the required attachments. 3) Please complete the two-page application in its entirety. 4) If the information on this application changes, you must notify the health department in writing.

Name of Facility	Hours of Operation (Day/Time)	<u>Type of Application</u> <input type="checkbox"/> Permitting/New <input type="checkbox"/> Renewal: (Expiration date of previous permit) _____ Permit Number of previous permit _____
Facility Address		
Facility Mailing Address (if different)		
Facility Phone	Email	
Name of Owner/Corporation	Owner's Phone	
Name of Applicant (if different than owner)	Applicant's Phone	

OF BEDS: _____ # OF BOOTHS: _____ TOTAL # OF DEVICES IN FACILITY: _____

#	MANUFACTURER	MODEL NUMBER	MODEL YEAR	SERIAL #	TYPE (Bed/Booth)	INSTALLATION DATE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Name/Address of Device Supplier: _____

Name/Address of Device Installer: _____

Name of Service Agent: _____

If necessary, attach name/address of any additional device suppliers, device installers, and service agents.

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Required Attachments

- ☐ Copy of the facility's consent form as specified under 105 CMR 123.003(D)(2) and (3)
- ☐ Copy of the facility's operating and safety procedures
- ☐ List of trained operators
- ☐ Copies of training certification(s) for each operator
- ☐ Identify light bulb disposal procedure
- ☐ Permit fee (check)
- ☐ If applicable, name/address of any additional device suppliers, device installers, and service agents.

I _____ have read and received a copy of the regulation governing the operation of tanning facilities (105 CMR 123.000). I have read and understand these regulations as they pertain to my operation of the business for which this permit application is being filed. I hereby certify under pains and penalties of perjury that I have personally examined and am familiar with the information submitted on this form, and that such information is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of Applicant (signature)

Date Signed

NOTE: A SIGNED APPROVED COPY OF THIS APPLICATION WILL BE RETURNED TO YOU ALONG WITH YOUR OPERATION PERMIT. THE APPROVED COPY MUST BE KEPT ON-SITE AT THE FACILITY AT ALL TIMES AS PART OF YOUR REQUIRED RECORD KEEPING AND MUST BE MADE AVAILABLE TO AN INSPECTOR UPON REQUEST.

For Office Use Only

- ☐ Inspection successfully passed (attached completed facility inspection checklist)
- ☐ Operator training qualifications met satisfactorily
- ☐ No outstanding complaints or violations for this facility