



# Town of Sturbridge — Board of Health



**Public Health**  
Prevent. Promote. Protect.

## Application for a Permit to Operate a Tanning Facility

Fee: \$100 + \$25/unit

Check to be made payable to: The Town of Sturbridge

In accordance with M.G.L. Chapter 111, Section 208 through 214 and 105 CMR 123.000, the undersigned hereby applies for a permit to operate a Tanning Facility.

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner: \_\_\_\_\_

Mailing Address of  
Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Manager: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### REQUIRED INFORMATION ON TANNING DEVICES IN USE AT THIS FACILITY

Check here if there are no changes from previous year

Model #	Manufacturer	Model Year	Serial #	Lamp Type



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The name and address of the tanning device supplier, installer, date of installation of each tanning device, and service agent:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_

# Bathroom Facilities \_\_\_\_\_

Potable water source \_\_\_\_\_

U.S.E.P.A. registered sanitizer \_\_\_\_\_

Please attach the following:

- A copy of the consent forms to be used by the facility in fulfilling the requirements of 105 CMR 123.003 (D) (1).
- A copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices.
- A list of operators who have been trained and are sufficiently knowledgeable in the correct operation of tanning devices used at the facility: 123.003 (A) (5)
- A copy of the Mass. State Dept. of Public Health provided written warning statement in compliance with 123.003 (A) (8)
- A copy of the facilities injury report: 123.003 (E)
- A copy of the warning sign that complies with 123.003 (B) (1)

I have received, read and understand the requirements of 105 CMR 123.000

\_\_\_\_\_

Signed

If any information as provided on this application changes, notification of such changes will be made to the Sturbridge Health Department prior to change implementation.



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PURSUANT TO M.G.L. CHAPTER 62C, SECTION 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW

\_\_\_\_\_

Social Security Number or Federal I.D. #      Corporate Name/Signature of Applicant

BY: \_\_\_\_\_ Corporate Officer (If Applicable)