

TANNING FACILITY APPLICATION

FOR PERMIT

FEE \$50.00

NAME OF FACILITY _____

OWNER/OWNERS OF FACILITY _____

ADDRESS _____ TELEPHONE # _____

MANUFACTURER OF TANNING EQUIPMENT

MODEL I _____

SERIAL # _____

TYPE OF EACH ULTRAVIOLET LAMP OR TANNING DEVICE:

NAME & ADDRESS OF TANNING DEVICE SUPPLIER:

NAME & ADDRESS OF INSTALLER:

NAME & ADDRESS OF SERVICE AGENT:

I HAVE READ AND UNDERSTAND THE REQUIREMENTS OF THESE REGULATIONS 105 CMR 123.000.

SIGNATURE _____ DATE _____

* A COPY OF THE CONSENT FORM USED BY THIS FACILITY AS REQUIRED BY 105 CMR 123.012 (D) (2) **(3)** MUST ACCOMPANY THIS APPLICATION.

* A COPY OF THE OPERATING SAFETY PROCEDURES TO BE FOLLOWED IN THE OPERATION OF THE FACILITY AND TANNING DEVICES.