



# TOWN OF TEWKSBURY

HEALTH DEPARTMENT  
TOWN HALL  
1009 MAIN STREET  
TEWKSBURY, MASSACHUSETTS 01876  
(978) 640-4470  
Fax: (978) 640-4472  
health@tewbury-ma.gov

Permit No: \_\_\_\_\_

Fee: \$105.00

## APPLICATION FOR TANNING FACILITY LICENSE

Name of Establishment: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax No: \_\_\_\_\_

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

Mailing Address (if different) \_\_\_\_\_

Name of Owner/Corporation: \_\_\_\_\_

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

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home/Corporation Phone: \_\_\_\_\_

Name of Manager (if different from above): \_\_\_\_\_

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

Name of Emergency Contact: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

# Of Tanning beds: \_\_\_\_\_ # of other tanning devices \_\_\_\_\_ Total \_\_\_\_\_

### Tanning Device Information:

Manufacturer	Model#	Model Year	Type of Lamp	Installation date
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name of Tanning Device Supplier: \_\_\_\_\_

Address of Tanning Device Supplier: \_\_\_\_\_

Name of Tanning Device Installer: \_\_\_\_\_

Address of Tanning Device Installer: \_\_\_\_\_

Name of Service Agent: \_\_\_\_\_

- Attach a copy of the consent form to be used by the facility in fulfilling the requirements of 105 CMR 123.003 (D) (2) & (3).
- Attach a copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices.
- Attach a copy of Worker's Compensation Insurance Affidavit: General Businesses
- Attach a copy of your Insurance Binder

I certify that I have read and understood the requirements of 105 CMR 123.000 and will be responsible for instructing all employees who will responsible for facility and tanning device operation regarding the law.

Pursuant to M.G.L. Chapter 62C section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

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Social Security Number or Federal Identification Number

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Signature of Individual or Corporate Officer

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

Print Name and Title

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**For Office Use Only:**

Date Received: \_\_\_\_\_ Check No: \_\_\_\_\_ Amount Received: \_\_\_\_\_