

Fee \$75.00

APPLICATION FOR LICENSE OF A TANNING FACILITY

Name of Establishment _____

Address _____ Phone _____

Owner/Manager _____

Address _____ Phone _____

Number of Tanning Beds/Booths in Establishment _____
24 Hour Phone _____

Number of Staff Operating the Tanning Beds/Booths _____

Days of Week in Operation _____

Hours of Operation _____

Name of Tanning Device Supplier, Installer and/or Service Agent:

Address _____

I have read the regulations governing tanning devices and understand the requirements. I understand that the health department will conduct periodic inspections of my facility. I have attached a copy of the parental permission slip that is required for use of a tanning device by a minor.

I certify that the tanning devices and establishment complies with *21 CFR 1040.20*

Town of Millis property owners must obtain a Certificate of Good Standing from the Treasurer's Office.

Pursuant to the MGL Ch. 62C, sec. 49A, I certify under penalties that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law.

Federal ID # or Social Security # _____

Signature of Owner/Manager _____

Date _____