



**TANNING ESTABLISHMENT PERMIT 105 CMR123.000**  
**FOR MELROSE BOARD OF HEALTH USE ONLY**  
MAKE CHECKS PAYABLE TO CITY OF MELROSE  
 Permit is valid June 1-May 31, all applications need to be submitted with payment by May 31<sup>st</sup>.

**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 \$100/1 <sup>st</sup> device + for \$25/each additional  <input type="checkbox"/> Renewal \$25 per device  <hr/> <p align="center"><b>This permit to be renewed annually by May 31</b></p>
Facility Address		
Facility Mailing Address (if different)		
Facility Phone	Owner's Phone	
Email address (all correspondence will be via email)	Name of Owner/Corporation	
Name of Applicant (if different than owner)	Applicant's Phone	

NUMBER OF BEDS: \_\_\_\_\_

NUMBER OF BOOTHS: \_\_\_\_\_

TOTAL # OF DEVICES IN FACILITY: \_\_\_\_\_ (list below)

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

Tanning regulations can be found at [www.mass.gov/dph](http://www.mass.gov/dph)

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.

**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.

\_\_\_\_ Worker's Compensation form

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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