

CITY OF MARLBOROUGH

BOARD OF HEALTH

140 Main Street, Lower Level Marlborough, Massachusetts 01752 Facsimile (508) 460-3638 TDD (508) 460-3610 Joseph Tennyson, MD, Chair James Griffin, Member Phillip Short, Member Tel (508) 460-3751

TANNING SALON PERMIT APPLICATION

FEE: \$125.00

Please fill out form in its entirety and return to the Health Department with <u>ALL</u> of the following items:

- Smart Tan Certificates
- Copy of Consent Form for persons under 17 years of age
- Color copy of your "Warning" sign
- Copy of operating and safety procedures to be followed in the operations of the facility and tanning devices
- Complete Workers Compensation Affidavit
- Certificate of Liability
- License Fee: \$125.00

BUSINESS INFORMATION

| Establishment Name | |
|----------------------------|-------------------------------|
| Business Address Street | |
| Business Phone | Business Email |
| Business Owner's Name | |
| | OME ADDRESS (PRIMARY ADDRESS) |
| Name | |
| Street Address / Unit Numb | er |
| | er |
| City/Town | |

MANAGERS HOME ADDRESS (PRIMARY ADDRESS)

| Name | |
|---------------------------------|----------------|
| Street Address / Unit Number | |
| City/Town | |
| State | _Zip Code |
| Home Phone Number | _Mobile number |
| Email | |
| | |
| | |
| EMERGENCY CONTACT | |
| Name | |
| Street Address / Unit Number | |
| City/Town | |
| State | _Zip Code |
| Home Phone Number | _Mobile number |
| | |
| | |
| ESTABLISHMENT INFORMATION | |
| Number of Tanning Beds | |
| Number of other Tanning devices | |
| Total Tanning Devices | |

Please read and sign the following acknowledgment regarding 105 CMR 123.00:

I have read the **Tanning Regulations (105 CMR.123)** (available on the BOH web page) and will instruct any and all employees responsible for tanning sales regarding federal, state and local laws regarding the tanning and tanning salons and this regulation. (If you have **not** read the regulations please visit the city website and the BOH page to download or print a copy.)

| Signature: | |
|------------|--|
| | |
| | |
| | |
| Signature: | |
| Date: | |
| | |