



HUDSON BOARD OF HEALTH
TOWN HALL, 78 MAIN STREET, HUDSON, MA 01749
APPLICATION TO OPERATE A TANNING FACILITY

Date _____

Corporation () Partnership () Individual Ownership ()

Name of Establishment _____ Phone _____

Address _____

Name and Title of Applicant _____

Address of Applicant _____

Have you ever been licensed elsewhere? _____ Where? _____

License ever revoked? _____ If yes by whom? _____

Name of Owner (if not applicant) _____

If corporation, partnership, give name, title, home address of officers/partners:

LIST ALL OPERATORS

Name _____ Training _____

Name _____ Training _____

Name _____ Training _____

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

Social Security # or Federal I.D. Number

Signature of Individual or Corporate Name

By _____
Corporate Office (if Applicable)

Annual Fee: \$ _____

Permit Expires: _____