



BOARD OF HEALTH

78 Main Street, Hudson, Massachusetts 01749
 Phone (978) 562-2020
 Fax (978) 562-8508

Tanning Facility Permit Application

Fee: \$75

Facility Name:			
Facility Address:	Hudson	MA	01749
Facility Telephone Number			
Mailing Address (if different):			
Applicant's Name:			
<i>Have you received, read, and understood the requirements of 105 CMR 123.000?</i>		Y/N	
Owner's Name (if different)			
Owner's Home Address			
Owner's Telephone Number:			
Owner's Email:			
Names of Trained Operators in Accordance with 105 CMR 123.003(C)(1)			
Total Number of Tanning Devices Located within this Facility			

For each Tanning Device, please fill out one "Tanning Device Information and Specification Form".

- Please provide a copy of the consent form to be used by the facility in fulfilling the requirements of 105 CMR 123.003(D)(2) and (3).
- Please provide a copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices.

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

Tax Identification Number:	
Signature of Individual or Corporate Name:	
Signature of Corporate Officer (if applicable):	