



**Town of Northborough
Board of Health**

63 Main Street
Northborough, MA 01532-1994
(508) 393-5009
Office (508) 393-6996 Fax

**\$125.00 APPLICATION FOR A LICENSE TO
OPERATE A TANNING FACILITY**

Please submit a copy of your customer consent form and your operating and safety procedures.

Establishment Name _____

Establishment Address _____

Establishment Phone Number _____ Fax _____

Days & Hours of Operation _____

Owner's Name _____ Phone Number _____

Address _____ Email _____

Emergency Contact Information _____

Number of Tanning Booths _____ Manufacturer _____

Model Year _____ Model # _____ Serial # _____

Name & Address of tanning device supplier, installer and service agent: _____

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the tanning establishment operation will comply with 105 CMR 123.000 and other applicable laws. I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required under law pursuant to MGL Ch. 62C, sec. 49A.

Signature: _____ Date _____

Attach drawing of floor plan of the facility

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