

TOWN OF EASTON



BOARD OF HEALTH

136 ELM STREET
NORTH EASTON, MA 02356-0129
Tel. (508) 230-0620

**APPLICATION TO OPERATE A TANNING FACILITY
IN ACCORDANCE WITH MASSACHUSETTS GENERAL LAW CHAPTER 111,
SECTIONS 207-214, AN ACT REGULATING TANNING DEVICES
105 CMR 123.000**

DATE : _____

NAME OF ESTABLISHMENT : _____

ADDRESS: _____

TELEPHONE: _____

NAME OF OWNERS(S): _____

ADDRESS: _____

TELEPHONE: _____

DEVICE INFORMATION:

| | DEVICE 1 | DEVICE 2 | DEVICE 3 |
|-----------------|----------|----------|----------|
| MANUFACTURER: | _____ | _____ | _____ |
| MODEL NUMBER: | _____ | _____ | _____ |
| MODEL YEAR: | _____ | _____ | _____ |
| SERIAL MUNBER: | _____ | _____ | _____ |
| TYPE OF DEVICE: | _____ | _____ | _____ |
| SUPPLIER: | _____ | _____ | _____ |
| INSTALLER: | _____ | _____ | _____ |
| DATE INSTALLED: | _____ | _____ | _____ |
| SERVICE AGENT: | _____ | _____ | _____ |

(Use back of page if more than three devices at establishment)

- PLEASE ATTACH: Consent form to be used by the facility for patrons under 18 years of age
 Copy of the operating and safety procedures to be followed in the operation
of
 the facility and the tanning devices
 Floor plan
 Workers' Compensation Insurance Affidavit Form
 Workers' Compensation Insurance Declaration Page

I certify that I have received, read, and understood the requirements of 105 CMR 123.000.

Applicant Signature

FEE: \$75.00, PAYABLE TO TOWN OF EASTON. Permits expire at the end of the calendar year

OFFICE USE ONLY

COMMENTS

_____ *Fee*

_____ *Floor Plans*

_____ *W.C. Affidavit*

_____ *W.C. Dec. Page*

Office Initials – Appl. Complete _____