

COMMONWEALTH OF MASSACHUSETTS
TOWN OF PLYMOUTH – BOARD OF HEALTH
508-747-1620 EXT 118

Tanning Facility License May 1st through April 30th Annually

FEE: \$125.00 for the Facility
MAKE CHECK PAYABLE TO: Town of Plymouth
RETURN TO: Health Department, 11 Lincoln St., Plymouth, MA 02360

Application for a LICENSE TO OPERATE A TANNING FACILITY; in accordance with 105 CMR 123.000 – Tanning Facilities:

Legal Business Name: _____

DBA (if Different): _____

Business Address: _____

Mailing Address: _____

Business Phone: _____ Alternate Phone Number: _____

Owner/Operator Name: _____

The Manufacturer Model Number, Serial Number and Type of each ultraviolet lamp or tanning device located within the facility: please copy this form or use additional sheet for multiple units:

Name and Address of Tanning Device:

Supplier: _____

Address: _____ Tel. # _____

Installer Name: _____

Address: _____ Tel. # _____

Service Agent-Name: _____

Address: _____ Tel.# _____

I hereby certify that I have received, read and understand the requirements of 105 CMR 123.000 – Tanning Facilities, which describes the licensure procedures, and the requirements for the maintenance and operation of tanning facilities:

Name of Applicant

Signature of Applicant

Tanning Licenses expire on April 30.

FOR OFFICE USE ONLY:

MUNIS NUMBER: _____ ACCESS: _____ LISENCE MAILED: _____

PROOF OF INSURANCE: _____