

Permit #: \_\_\_\_\_

Fee: **\$100.00**

**Commonwealth of Massachusetts**

**TOWN OF NORTON**

**BOARD OF HEALTH**

**APPLICATION TO OPERATE A TANNING FACILITY**

Name of Tanning Facility: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Owners Address: \_\_\_\_\_

Owners Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Social Security # or FID #: \_\_\_\_\_

Name, address and phone number of tanning device supplier, installer and service agents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Equipment or UV Lamp	Manufacturer	Model #	Serial #

Do you operate a mobile tanning facility? Yes \_\_\_\_\_ No \_\_\_\_\_  
If, yes include the geographic areas within the Commonwealth that are traveled.

Signature and date that you have received, read and understood the requirement of 105 CMR 123.00 and Norton's Board of Health Rules and Regulations.

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Signature

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Date

**Enclosed the following with this application.**

**A copy of the consent form used by the facility in fulfilling the requirement of 105 CMR 123.12 (D) (2) and (3).**

**A copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices.**

**A copy of the consent form which is given to parents of children under the age of 17.**