



Board of Health

Plainville, Massachusetts

142 South Street - P. O. Box 1717 - 02762

Telephone: 508-695-3142 X16
Fax: 508-695-3927

Application for Tanning Facility Permit/License 105 CMR 123.000

INSTRUCTIONS: 1) Provide the information requested below. 2) Sign the application and return it, along with the required attachments. 3) Please complete the two-page application in its entirety. 4) If the information on this application changes, you must notify the health department in writing.

Name of Facility	Hours of Operation (Day/Time)	<u>Type of Application</u> <input type="checkbox"/> Permitting/New <input type="checkbox"/> Renewal: (Expiration date of previous permit) _____ Permit Number of previous permit _____
Facility Address		
Facility Mailing Address (if different)		
Facility Phone	Email	
Name of Owner/Corporation	Owner's Phone	
Name of Applicant (if different than owner)	Applicant's Phone	

Services Offered **Bulb Tan** **Spray Tan** **Both**

OF BEDS: _____ # OF BOOTHS: _____ TOTAL # OF DEVICES IN FACILITY: _____

#	MANUFACTURER	MODEL NUMBER	MODEL YEAR	SERIAL #	TYPE (Bed/Booth)	INSTALLATION DATE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Name/Address of Device Supplier: _____

Name/Address of Device Installer: _____

Name of Service Agent: _____

If necessary, attach name/address of any additional device suppliers, device installers, and service agents.

Required Attachments

- _____ Copy of the facility’s consent form as specified under 105 CMR 123.003(D)(2) and (3)
- _____ Copy of the facility’s operating and safety procedures
- _____ List of trained operators
- _____ Copies of training certification(s) for each operator
- _____ Identify light bulb disposal procedure
- _____ Copy of the material safety data sheets for spray tan products used if spray tanning is offered
- _____ Permit fee (check)
- _____ If applicable, name/address of any additional device suppliers, device installers, and service agents.

Please check off any/all personal protective safety equipment offered to clients/customers either for free or sold:

- Eye cups/goggles
- Nose plugs or filters for spray tanning
- Lip balm or mask to protect lips during spray tanning

I _____ have read and received a copy of the regulation governing the operation of tanning facilities (105 CMR 123.000). I have read and understand these regulations as they pertain to my operation of the business for which this permit application is being filed. I hereby certify under pains and penalties of perjury that I have personally examined and am familiar with the information submitted on this form, and that such information is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of Applicant (signature)

Date Signed

NOTE: A SIGNED APPROVED COPY OF THIS APPLICATION WILL BE RETURNED TO YOU ALONG WITH YOUR OPERATION PERMIT. THE APPROVED COPY MUST BE KEPT ON-SITE AT THE FACILITY AT ALL TIMES AS PART OF YOUR REQUIRED RECORD KEEPING AND MUST BE MADE AVAILABLE TO AN INSPECTOR UPON REQUEST.

For Office Use Only

- _____ Inspection successfully passed (attached completed facility inspection checklist)
- _____ Operator training qualifications met satisfactorily
- _____ No outstanding complaints or violations for this facility