FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. TAN -	YEAR 2017

APPLICATION FOR PERMIT TO OPERATE A TANNING FACILITY

NORTHAMPTON BOARD OF HEALTH
212 MAIN STREET
NORTHAMPTON, MA 01060
(413) 587—1214

☐ CHECK ☐ CASH

LICENSE FEE: $100.00

Non-Refundable Fee

Date _____

Name of Establishment _____ Tel #: _____

Business Address _____

Mailing Address (If different) _____

Name & Title of Applicant _____

Address of Applicant _____

Name of Owner (If different) _____

If corporation or partnership, give name, title & home address of officers or partners.

Name Title Home Address

_____

_____

In accordance with the provisions of the Statutes, Chapter 111, Sections 207 - 214, which requires all Tanning Facilities to be licensed, application is hereby made to operate a TANNING FACILITY in Northampton, Massachusetts.

REQUIRED IN FORM ATION ON TANNING DEVICES IN USE AT THIS FACILITY

CHECK HERE IF THERE ARE NO CHANGES FROM PREVIOUS YEAR: ☐
(IF NO EQUIPMENT CHANGE, INFO BELOW NEED NOT BE FILLED OUT AGAIN)

MODEL #	MANUFACTURER	MODEL #	MODEL YEAR	SERIAL #	LAMP TYPE

Include additional Tanning Units on Application Back.

Submit copies of your CUSTOMER CONSENT FORM and your TANNING UNIT(S) OPERATING & SAFETY GUIDELINES with this application. (Only if you are a new applicant)

_____ Social Security or Federal ID #

_____ Signature of Individual or Corporate Name

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON