



Board of Health
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 Northampton, MA 01060
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 Director of Public Health: Merridith A. O'Leary, R.S.

**FOR BOARD OF HEALTH
 USE ONLY**
 Date: _____
 Amt Received: _____
 Cash/ Check No: _____
 Received by: _____

2021 TANNING FACILITY APPLICATION FOR PERMIT

PERMIT FEE: \$100.00: **ALL FEES PAID ARE NON-REFUNDABLE**
NO PERMITS WILL BE ISSUED IF TAXES ARE OWED

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

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

Establishment Name: (dba): _____ Establishment Tel.#: _____

Establishment Address: _____

Mailing Address: _____

Email Address: _____

Applicant Name and Title: _____

Applicant Address: _____ Applicant Telephone #: _____

Owner Name & Title (if different from applicant): _____

Owner Address: _____

If a Corporation or Partnership, give Name, Title, and Home Address of Officers or Partners

Name	Title	Home Address

Model #	Manufacturer	Model Year	Serial #	Lamp Type	Number of Beds

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

Signature of Applicant or Corporate Signature: _____

Social Security or Federal ID Number: _____