



# TOWN OF WATERTOWN

Board of Health

Administration Building  
 149 Main Street  
 Watertown, MA 02472  
 Phone: 617-972-6446  
 Fax: 617-972-6499  
 www.watertown-ma.gov

### OFFICE USE ONLY:

- Complete Application
- \$150.00 Permit Fee
- \$25.00 Bed/Booth Fee
- Worker's Comp Form
- Consent Form
- Operating & Safety Procedures

## TANNING ESTABLISHMENT APPLICATION

BUSINESS INFORMATION			
1.	Name of Establishment		
2.	Address of Establishment	Telephone Number	
3.	Mailing Address (if different)		
4.	Name of Owner/Applicant		
5.	Owner/Applicant Address	Telephone Number	
6.	If you are a Corporation or Partnership, please complete the following:		
	Name	Title	Address
			Telephone Number
7.	Days of Week In Operation:		
8.	Hours of Operation:		

PERMIT FEE	
Type of Permit Fee	Amount
Tanning Facility/Establishment – Expires December 31st	\$150.00
Additional Machine/Bed Greater than one (1)	\$ 25.00
Late Fee	\$ 50.00

REQUIRED DOCUMENTATION
<input type="checkbox"/> Copy of the Consent Form to be used by the facility that fulfilling the requirements of 105 CMR 123.003(D)(2) & (3)
<input type="checkbox"/> Copy of the operating and safety procedures to be followed in the operation of the facility and the tanning devices
<input type="checkbox"/> Worker's Compensation Form
<input type="checkbox"/> Permit Fee, \$150.00 Establishment and \$25.00 per Additional Machine/Bed greater than one (1)

I have read 105 CMR 123.000 Tanning Facility Regulations and understand the requirements. I understand that the health department will conduct periodic inspections of my facility. I have attached all required fees and documentation including a copy of the parental permission consent form.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

TANNING ESTABLISHMENT INFORMATION	
9.	Number of Tanning Beds/Booths in Establishment:
10.	Number of Staff Operating the Tanning Beds/Booths:
11.	Name of Tanning Device Supplier, Installer and/or Service Agent:
12.	Address of Tanning Device Supplier, Installer and/or Service Agent:
13.	Date of installation of each Tanning Device:

TANNING MACHINE – BED/BOOTH INFORMATION	
Complete the following information for <b><u>EACH</u></b> Tanning Bed/Booth in your Establishment:	

Manufacturer:
Address:
Model #
Type of Ultraviolet Lamp(s) Used in this Device: _____

Manufacturer:
Address:
Model #
Type of Ultraviolet Lamp(s) Used in this Device: _____

Manufacturer:
Address:
Model #
Type of Ultraviolet Lamp(s) Used in this Device: _____

Manufacturer:
Address:
Model #
Type of Ultraviolet Lamp(s) Used in this Device: _____

If you are using substitute lamps, please make sure that paperwork stating that there are acceptable substitutes is on file in your establishment.
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Name of the trained operators and how they were trained: