



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

2021 Renewal Tanning Establishment Permit

Dear Owner/Operator:

Please be advised your Tanning Establishment Permit Expires on December 31, 2020. Enclosed please find your 2021 Tanning Establishment Permit Renewal Application. Please take the time to review the application.

What do you need to submit for permit renewal?

- Completed Application (front and back), include the number of Tanning Beds/Booths
- Worker's Compensation Form
- A copy of your Consent Form to be used by your facility in fulfilling the requirements of 105 CMR 123.003(D)(2) and (3).
- A copy of the operating and safety procedures to be followed in the operation of your facility and the tanning devices.
- Correct Permit Fee(s), checks payable to "Town of Watertown", see application.
 - \$150.00 1st bed/machine
 - \$ 25.00 each additional bed/machine

What is the deadline for submitting all applications?

Applications and other documentation must be received **prior to December 31, 2020**. A late fee of **fifty dollars (\$50.00)** will be assessed for non-submittal of all applications and/or incomplete application packets. Please note that missing information may cause a delay in the permit renewal process. You are not allowed to operate your Tanning Establishment without a valid permit.

Thank you for your time to review all of this information and for ensuring that your application is submitted as soon as possible. If you have any questions, please contact this office at (617) 972-6446.

Best Regards,

Sincerely,

Larry Ramdin, MPH, MA, REHS, CP-FS
Director of Public Health



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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 <u>EACH</u> 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.

Name of the trained operators and how they were trained:

I have read instructions for proper use of _____. I agree to use them at my own risk and hereby release the _____ operator, namely _____ and the manufacturer of the equipment from any damage that I might incur due to use of said facility. I also confirm my understanding that no statements or claims have been made of said facility to improve health or cure diseases of any kind. Use of this facility requires that you be 18 years of age or older. Anyone under age must show consent from parent or guardian. I have read the danger warning posted and understand that I am using the facilities at my own risk.

Date: _____ Signature: _____
Parent or Guardian Signature: _____