

# Town of Franklin

## Board of Health



355 East Central Street  
Franklin, MA 02038-1352  
(508) 520-4905  
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### APPLICATION FOR TANNING FACILITY PERMIT

Permit No. \_\_\_\_\_ Fee \_\_\_\_\_

Date \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Tel. No. \_\_\_\_\_

Name of owner/s \_\_\_\_\_

Home Address of Owner/s \_\_\_\_\_  
\_\_\_\_\_ Tel. No. \_\_\_\_\_

Date of Inspection of Facility \_\_\_\_\_

Board of Health Inspector \_\_\_\_\_

Facility                      Approved ( )                      Disapproved ( )

Date of Permit \_\_\_\_\_

Permit Expires: June 30 th of each year

I, \_\_\_\_\_ hereby certify that I have received, read and understand the Requirements of Codes of Massachusetts Regulations, 105 CMR 123.000, Tanning Facilities.

Date \_\_\_\_\_

Signature \_\_\_\_\_  
Owner/Operator