



Town of Franklin

HEALTH DEPARTMENT

355 East Central Street

Franklin, Massachusetts 02038-1352

p. 508-520-4905 f. 508-520-4989

NEW: Y or N RENEWAL: Y or N

CALENDAR YEAR: _____

APPLICATION FOR TANNING FACILITY PERMIT 105 CMR 123.00

Permit No. _____

Fee: _____

Instructions: 1) Provide the information requested below. 2) Sign the application and return it, along with the required attachments. 3) Please complete the two page application in its entirety. 4) If the information on this application changes, you must notify the Health Department in writing.

Name of Facility	Hours of Operation (Day/Time)
Facility Address	
Facility Mailing Address (if different)	
Facility Phone	Email
Name of Owner/Corporation	Owner's Phone
Name of Applicant (if different than Owner)	Applicant's Phone

OF BEDS: _____

OF BOOTHS: _____

TOTAL # OF DEVICES IN FACILITY: _____

#	Manufacturer	Model Number	Model Year	Serial #	Type (bed/booth)	Installation Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Name/Address of Device Supplier: _____

Name/Address of Device Installer: _____

Name of Service Agent: _____

If necessary, attach name/address of any additional device suppliers, installers and service agents

APPLICATION FOR TANNING FACILITY PERMIT 105 CMR 123.00

Copy of the Regulations can be found at www.mass.gov/eohhs/docs/dph/regs/105cmr123.pdf

Required Attachments

- _____ Copy of the facility's consent form as specified under 105 CMR 123.003(D)(2) and (3)
- _____ Copy of the facility's operating and safety procedures
- _____ List of trained operators
- _____ Copies of training certificate(s) for each operator
- _____ Identify light bulb disposal procedure
- _____ Permit Fee - \$150.00
- _____ If applicable, name/address of any additional device supplier, device installers and services agents

I, _____ have read and received a copy of the regulation governing the operation of tanning facilities (105 CMR 123.000). I have read and understand these regulations as they pertain to my operation of the business for which this permit application is being filed. I hereby certify under pains and penalties of perjury that I have personally examined and am familiar with the information submitted on this form and that such that information is, to the best of my knowledge and belief, true, accurate and complete.

Signature of Applicant

Date