



Town of Athol
BOARD OF HEALTH
584 Main Street
Athol, Massachusetts 01331

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Tanning Facility Permit Application
Fee: \$100.00 Annually Payable to the Town of Athol

Date of Application: _____

Name of Applicant: _____

Tanning Facility: _____ New _____ Renewal

Name of Business: _____

Address: _____

Business Telephone #: _____

Name of Certified Tanning Operator(s): _____

Supply the following information if this is a new facility or a renewal has changes.
Manufacturer, model #, serial #, type of tanning device(s)

1) _____

2) _____

3) _____

The name and address of the tanning device supplier, installer, and service agent:

Submit the following if this is a new facility or a renewal has changes.

- ☐ A copy of the consent form to be used by the facility in fulfilling the requirements of 105 CMR 123.012 (D2 & 3)
- ☐ A copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices.

All Applicants:

I have a copy of the Department of Public Health 105 CMR 123:000 Tanning Facility Regulations; I have read and understand the requirements of these regulations.

Signature of Applicant

Title

Pursuant to M.G.L. Ch. 62C, sec. 49a, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant

Title

Corporate Officer (if applicable)

Federal ID # _____

Tanning Facility Application must be submitted with the Tanning Operator Permit Application(s). Permits will not be issued without proof of training by an approved source.