



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

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Tanning Operator Permit Application
FEE: \$50 Annually Payable to the Town of Athol

Date of application: _____

CERTIFIED TANNING OPERATOR
NEW: _____ RENEWAL: _____

1. Name of Applicant: _____
2. License #: _____
3. Mailing Address: _____

4. Home Telephone: _____
5. Name of Tanning Facility: _____
6. Business Address: _____
7. Business Phone #: _____
8. I have received, read and understand the requirements of:
105 CMR 123:000 Tanning Facilities Regulations.
Yes _____ No _____
9. Signature of Applicant: _____

10. New Applicant: Submit training certificate

Permits will not be issued without proof of training by an approved source.