



Town of Mendon

Board of Health

20 Main Street

Mendon, Massachusetts 01756

Phone Number 508-634-2656 – Fax Number 508-478-8241

Email boh@mendonma.gov

Application for Permit to Operate a Tanning Facility

Annual Permit Fee \$100.00

Date: _____

Checks made payable to the Town of Mendon

Application Fees are Non-Refundable.

Business Name: _____

Business Address: _____

Business Telephone: _____ Email Address: _____

Mailing Address (if different from above) _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____ Email Address: _____

If corporation or partnership, give name, title and home address of officers or partners.

Name	Title	Home Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of Tanning Devices in this Establishment: _____

List the Following:

Manufacturer: _____

Model Number: _____

Serial Number: _____

Type of each Ultraviolet Lamp or Tanning Device on site _____

If this is a mobile unite, list the geographic areas covered _____

Name and Address of the Device Supplier _____

Name of Installer _____

Service Agent _____

I have received, read and agreed to abide by 105 CMR 123.00. I understand that I must submit a copy of the consent form to be used by the facility in fulfilling the requirements of 105 CMR 123.005, as well as a copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices prior to the issuance of the license to operate by the Board of Health.

Print name of applicant

Signature of applicant

Date

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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 Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, If Applicable)

**Social Security # (Voluntary) or Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.

This request is made under the authority of Massachusetts General Law c. 62C s. 49A.