



Town of Mendon

Board of Health

18 Main Street | Mendon, MA 01756

PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

APPLICATION FOR PERMIT TO OPERATE TANNING FACILITY
(PERMITS EXPIRE YEARLY ON DECEMBER 31ST)

ESTABLISHMENT NAME

PLEASE ATTACH THIS PAGE WITH YOUR COMPLETED APPLICATION (PAGES 2 & 3)

☐ Application For Permit to Operate Tanning Facility (Page 2)

☐ Massachusetts REAP Attestation (Page 3)

☐ **Copy of the Consent Form to be used by the Facility**

☐ **Copy of the Operating and Safety Procedures to be followed in the Operation of the Facility and Tanning Devices**

☐ Non-Refundable Fee of \$100 (Check made payable to the Town of Mendon)

IMPORTANT:

When filling out Forms on the computer, use **TAB** key to move to next line – **DO NOT USE** the ENTER key.



**** PLEASE NOTE THAT SIGNATURES ARE REQUIRED ON PAGES 2 and 3 ****

Applicants may either mail their information or apply in person at the Board of Health office.

The office hours are Monday thru Thursday from 7:00 a.m. – 4:00 p.m. CLOSED ON FRIDAY'S

BOARD OF HEALTH OFFICE USE ONLY

APPLICATION APPROVED: ☐ YES ☐ NO

NOTES: _____

Signature of Board of Health Member

Date



Town of Mendon

Board of Health

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FEE: \$100.00

APPLICATION FOR PERMIT TO OPERATE TANNING FACILITY

PERMIT #: _____

1. ESTABLISHMENT INFORMATION

Establishment Name	Applicant Name		
	MENDON	MA	01756
Establishment's Physical Address	City/Town	State	Zip Code
Establishment's Mailing Address (If Different from Above)	City/Town	State	Zip Code
Establishment's Phone Number			

2. OWNER INFORMATION

Name of Owner			
Owner's Address	City/Town	State	Zip Code
Owner's Phone Number	Owner's Email Address		

3. TANNING DEVICE INFORMATION

Number of Tanning Devices in this Establishment: _____

(If there is more than one device, please use additional paper and attach, listing all information below)

Manufacturer: _____

Model #: _____ Model Year: _____ Serial #: _____

Type of Device: _____ Date of Installation: _____

Is this a Mobile Unit? ☐ YES ☐ NO

Name and Address of the Following:

Tanning Device Supplier: _____

Tanning Device Installer: _____

Device 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 Mendon Board of Health.

APPLICANT'S SIGNATURE

DATE



MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

This request is made under the authority pursuant to Massachusetts General Law Ch. 62C, Section 49A.

I certify under the Penalties of Perjury That I Have Filed All Massachusetts State Tax Returns and Paid ALL Massachusetts State and Town Taxes Required under Law.

Establishment Name

Establishment's Physical Address

MENDON	MA	01756
City	State	Zip

Establishment's Mailing Address (If Different from Above)

City	State	Zip
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Establishment's Phone Number

***Signature of Individual (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.