



Public Health
Prevent. Promote. Protect.

GREENFIELD BOARD OF HEALTH
Town of Greenfield
14 Court Square
Greenfield, MA 01301
Phone: 1-413-772-1404 Fax: 1-413-772-2238



Application for Permit to Operate Tanning Facility
Non-Refundable Fee – \$95.00

In accordance with M.G.L. Chapter 111, Section 208 through 214, the undersigned hereby applies for a permit to operate a Tanning Facility.

****Please Print or Type****

BUSINESS INFORMATION

Name of Facility: _____

Address of Facility: _____

Phone Number: _____

GENERAL INFORMATION

Owner: _____

Mailing Address of Owner: _____

Phone Number: _____

Name of Manager: _____

Address: _____

Phone Number: _____

REQUIRED INFORMATION ON TANNING DEVICES IN USE AT THIS FACILITY			CHECK HERE IF THERE ARE NO CHANGES FROM PREVIOUS YEAR: (IF NO EQUIPMENT CHANGE, INFO BELOW NEED NOT BE FILLED OUT AGAIN)		
MODEL #	MANUFACTURER	MODEL #	MODEL YEAR	SERIAL #	LAMP TYPE

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

- A. A copy of the consent forms to be used by the facility in fulfilling the requirements of 105 CMR 123.003 (D) (1).
 - B. A copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices.
 - C. A list of operators who have been trained and are sufficiently knowledgeable in the correct operation of tanning devices used at the facility: 123.003 (A) (5)
 - D. A copy of the Mass. State Dept. of Public Health provided written warning statement in compliance with 123.003 (A) (8)
 - E. A copy of the facilities injury report: 123.003 (E)
 - F. A copy of the warning sign that complies with 123.003 (B) (1)
-

Days/Hours of Operation: _____

Clients _____ Male () Female () Male and Female ()

Bathroom Facilities _____

Potable water source _____

U.S.E.P.A. registered sanitizer _____

I have received, read and understand the requirements of 105 CMR 123.000

Signed

If any information as provided on this application changes, notification of such changes will be made to the Greenfield Health Department prior to change implementation.

PURSUANT TO M.G.L. CHAPTER 62C, SECTION 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

Social Security Number or Federal I.D. # Corporate Name/Signature of Applicant

BY: _____
Corporate Officer (If Applicable)

**BEFORE A PERMIT WILL BE ISSUED.
INCOMPLETE APPLICATIONS WILL BE RETURNED**
Return application and check payable to the Town of Greenfield to:
*Town of Greenfield
Health Department
14 Court Sq.
Greenfield, MA 01301*