



CITY OF FALL RIVER, MASSACHUSETTS

Inspectional Services Division BOARD OF HEALTH

Permit Application for Tanning Establishment

All permits shall expire December 31st following the date of issue and may be revoked for cause at any time by the Board of Health.
Permits are non-transferable.

Fee: \$160.00 (make check payable to "City of Fall River" and note for Tanning Establishment permit)

PERMIT HOLDER:

Name (Owner/Operator) Home Address

(City/Town) (Zip) (Home Telephone) (Cell Phone)

BUSINESS/SALON:

(Business Name) (Business Phone)

(Business Address) (City/Town) (Zip)

For each Tanning Device provide the following: (if needed use another page)

Manufacturer	Model Number & year	Serial Number	Type of unit	Location (Room #)

For initial license, or each new unit provide the following: (if needed use another page)

Name of unit supplier	Address of unit supplier	Installer	Date of install	Servicing agent

Please provide the following with your application:

1. A copy of the consent form used to comply with CMR 123.003(D)(2) and (D)(3)
2. A copy of operating and safety procedures to be followed in the operation of the facility and tanning devices
3. An attached list of the facility's operators who have been trained in accordance 105 CMR 123.003(C)(1)
4. A completed Tax Certification form (must have stamp from Collector's Office)

I hereby certify under the pains and penalties of perjury that the information provided is, to the best of my knowledge, true and that I have a copy, have read and understand the requirements of 105 CMR 123.000, (copies of the regulation may be downloaded from: <http://www.mass.gov/eohhs/docs/dph/regs/105cmr123.pdf>)

Applicant's Name (Please Print)

Applicant's Signature

Date

For Office Use Only:

Tax Certification complete Approval to issue license Initials of inspector _____ Date _____