



CITY OF FALL RIVER, MASSACHUSETTS

Inspectional Services Division

BOARD OF HEALTH

Permit Application for Tanning Establishment

Fee: \$180.00

Late fee: \$100.00

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, signed by the City Collector (2nd Floor)
5. A completed and signed Worker's Compensation Insurance Affidavit
6. Payment of the current application fee, by check or money order, payable to the City of Fall River

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/cohhs/docs/dph/regs/105cmr123.pdf>.)

Applicant's Name (Please Print) Applicant's Signature Date

All permits shall expire on 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.

For Office Use Only:

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