

Methuen Health Department
90 Hampshire Street
Methuen, MA 01844
Telephone: 978-983-8655 Fax: 978-983-8988

Permit #
Expires: 12/31/
Total Fees: \$160.00
Late renewal charge – \$10.00/day

APPLICATION FOR A TANNING DEVICE REGISTRATION

TANNING FACILITY NAME AND LOCATION:

Establishment Name		Telephone
Location Address		
Mailing Address - Street name and number	City	State and Zip Code

OWNERS NAME AND ADDRESS:

Applicants Full Name		Telephone
Applicants Address: Street name and number	City	State and Zip Code

TANNING DEVICE - state the name and address for the following:

	Bed #1	Bed #2	Bed #3
Tanning Service Supplier			
Installer			
Servicing Agent			

IDENTIFY - each ultraviolet lamp or tanning device located within the facility by:

- Type A Only -	Bed #1	Bed #2	Bed #3
Date of Installation			
Manufacturer			
Model Number			
Model Year			
Serial Number			

HOURS OF OPERATION:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

I have received, read and understand the regulations, 105 CMR 123.000, regarding the record keeping and operating and safety procedures to be followed in the operation of the facility and tanning devices. I further understand that it is my responsibility to operate all tanning devices in accordance with both the regulations of the Methuen Board of Health and the Massachusetts Department of Public Health.

Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under 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.

Social Security No. or Tax Identification Number	
Signature of Individual	Date Signed

Payment shall accompany this application and please make check or money order payable to the "City of Methuen."