

BOARD OF HEALTH

WILLIAM J. LEE MEMORIAL TOWN HALL
WAKEFIELD, MASSACHUSETTS 01880

FEE \$ _____
\$100.00 for One Bed
PLUS \$25.00 for each
Additional Bed/Booth



TELEPHONE 246-6375

APPLICATION FOR TANNING DEVICE/FACILITIES

In accordance with the provisions of the Regulation promulgated under authority of Section 207-214 Chapter 111 of the General Laws of the Commonwealth of Massachusetts application for Registration is hereby made by:

(Print of type)

FIRM NAME _____

FIRM ADDRESS _____
Street City or town Zip Code

STORE ADDRESS _____
Street City or town Zip Code

(Each store must be registered individually.)

Type of Business
(check one) _____ CORPORATION _____ PARTNERSHIP _____ SOLE OWNER

Date of Application _____ City or Town where filed _____

Name of Corporate Officers: (to be signed by each)

President: _____
Name Address

Treasurer: _____
Name Address

Clerk: _____
Name Address

Name of Partners: (to be signed by each)

Name Address

Name Address

Name of Sole Owner: (to be signed)

Name Address

Person Preparing Application _____

Title _____

Number of Tanning Devices _____

(Duplicate copies of application should be filed with local Board of Health or Health Department.)

(over)

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the 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 Number or Federal Identification Number

Signature of Individual or Corporate Name

by _____
Corporate Officer (if applicable)

FOR BOARD OF HEALTH USE ONLY

Date Received

Date Inspected

Approved By

Permit # Issued
