

BOH – FORM TAN



**TOWN OF PROVINCETOWN
BOARD OF HEALTH**

APPLICATION FOR PERMIT TO OPERATE A TANNING FACILITY

New

Renewal

Fees due upon application: **\$50.00 total**

Pursuant to the Rules and Regulations for the Operation of Tanning Facilities adopted by the Provincetown Board of Health, effective May 12, 1988 and 105 CMR 123.000 please complete the following:

Tanning Facility:

Business Name	Address	Telephone
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Applicant (Owner):

Name	Home Address	Home Phone
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Hours of Operation:

Manager(s) on premises:

Number of Tanning Devices:

**** Fill out Page 2, Details of Tanning Devices ****

**** Please include a copy of the consent form used by the facility in fulfilling the requirements of 105 CMR 123.003(D)(2) and (3); and a copy of the facility's and tanning devices' operating and safety procedures. ****

I fully understand that the annual Tanning Facility License is contingent upon my adherence to all applicable State laws and local regulations. Failure to comply may result in the suspension or revocation of my annual license and any other legal action deemed appropriate by the Town of Provincetown. I hereby certify that I have received, read and understood the requirements of 105 CMR 123.000

Signature

Date

Name of Tanning Facility: _____

<u>Tanning Device</u>
Type:
Manufacturer:
Model Number:
Model Year:
Serial Number:
Supplier:
Installer:
Date of Installation:
Service Agent:

<u>Tanning Device</u>
Type:
Manufacturer:
Model Number:
Model Year:
Serial Number:
Supplier:
Installer:
Date of Installation:
Service Agent:

<u>Tanning Device</u>
Type:
Manufacturer:
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