



Tanning Facility License Application

Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

**Form
I-7**

FEE: \$75.00 Annually

Name of Establishment: _____

Address of Establishment: _____

Phone Number of Establishment: _____

Operating Hours: _____

Name of Owner/Operator: _____

Address of Owner/Operator: _____

Quantity & Type of Tanning Device (Bed, Booth, Lamp): _____

Manufactures model number & serial number of each ultraviolet lamp or tanning device:

The Name & Address of the tanning device Supplier/Installer: _____

Manufacturer's Recommended Maximum Exposure Time: _____

Method of Sanitizing Eyewear and Towels: _____

Also attach to this application:

A copy of the consent form to be used by the facility in fulfilling the requirements of 105 CMR 123.012(D)(2) and (3).

A copy of the operation and safety procedures to be followed in the operation of the facility and tanning devices.

Completed Workers Compensation Affidavit Form

Copy of Disclaimers, Rules & Accident Report Forms

All Tanning Facilities must provide every customer with a written statement of warning. Attach a copy of the statement to this application form.

The Acton Health Department has provided a copy of the current regulations, MGL Chapter 111 Section 207-214. I have read the requirements set forth by these regulations and understand that violations may result in fines and/or revocation of my permit.

Date

Signature