

**Wellesley Health Department**

**90 Washington Street**

**Wellesley, MA 02481**

**Telephone: 781.235.0135**

|   |                |
|---|----------------|
| Total Fees:<br>\$150 (initial inspection) | Expires: 1/31/ |
| \$100.00 (first bed)                      | Permit #       |
| \$ 50.00 (additional beds)                |                |

**APPLICATION FOR A TANNING DEVICE REGISTRATION**

The following information must be provided: (Please type or print)

**TANNING FACILITY NAME AND LOCATION**

|   |      |                    |
|---|------|--------------------|
| Full Name:                              |      | Telephone (    )   |
| 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-** Please 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:

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

If the facility is mobile, identify the geographic areas within the Board's Jurisdiction.

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**DAYS AND HOURS OF OPERATION**

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|--------|--------|---------|-----------|----------|--------|----------|
|        |        |         |           |          |        |          |

**Important: A check payable to “Town of Wellesley” must accompany this application.**

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 understand that it is my responsibility to operate all tanning devices in accordance with both the regulations of the Wellesley 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: |                         |
| Date Signed                                       | Signature of Individual |

Please note: Late fees apply.