

APPLICATION FOR TANNING SALON LICENSE

105 CMR 123.000

- \$100 FEE – check made payable to the Town of Foxborough.
- If fee and application is not submitted 30 days before renewal date, include \$200.00 Late Fee.

BHP- _____ DATE REC'D _____ CHECK#: _____	FOR OFFICE USE ONLY. NO REFUNDS OR TRANSFER OF FUNDS
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INSTRUCTIONS: 1) Provide the information requested below. 2) Sign the application and return it, along with the required attachments. 3) Complete the two-page application in its entirety. 4) If the information on this application changes, you must notify the Health Department in writing.

Name of Facility: _____ **EMAIL:** _____

Facility Address: _____ Hours of Operation (Day/Time): _____

Facility Mailing Address (if different) _____

Facility Phone Email: _____

Name of Owner/Corporation Owner's Phone: _____

Name of Applicant (if different than owner) _____ Applicant's Phone _____

Services Offered: ___Bulb Tan ___Spray Tan

OF BEDS: _____ # OF BOOTHS: _____ TOTAL # OF DEVICES IN FACILITY: _____

	MANUFACTURER	MODEL#	MODELYEAR	SERIAL#	TYPE Bed/booth	INSTALLATION DATE	# OF BULBS
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

Name/Address of Device Supplier:

Name/Address of Device Installer:

Name of Service Agent: _____

If necessary, attach name/address of any additional device suppliers, device installers, and service agents.

REQUIRED ATTACHMENTS:

_____ Copy of the facility’s consent form as specified under 105 CMR 123.003(D)(2) and (3)

_____ List of trained operators

_____ Copies of training certification(s) for each operator – LOCAL PUBLIC HEALTH INSTITUTE OR EQUIVALENT

_____ Identify light bulb disposal procedure

_____ Copy of the material safety data sheets for spray tan products used if spray tanning is offered

_____ Permit fee (check)

Please check off any personal protective safety equipment offered to customers either for free or sold:

- Eye cups/goggles
- Nose plugs or filters for spray tanning
- Lip balm or mask to protect lips during spray tanning

I, _____ (*please print*), have read and received a copy of the regulation governing the operation of tanning facilities (105 CMR 123.000). I have read and understand these regulations as they pertain to my operation of the business for which this permit application is being filed. I hereby certify under pains and penalties of perjury that I have personally examined and am familiar with the information submitted on this form, and that such information is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of Applicant (signature)

Date Signed

NOTE: A SIGNED APPROVED COPY OF THIS APPLICATION WILL BE RETURNED TO YOU ALONG WITH YOUR OPERATION PERMIT. THE APPROVED COPY MUST BE KEPT ON-SITE AT THE FACILITY AT ALL TIMES AS PART OF YOUR REQUIRED RECORD KEEPING AND MUST BE MADE AVAILABLE TO AN INSPECTOR UPON REQUEST.

For Office Use Only

_____ Inspection successfully passed (attached completed facility inspection checklist)

_____ Operator training qualifications met satisfactorily

_____ No outstanding complaints or violations for this facility

(revised Nov. 2015)