

**City of Medford
Board of Health
85 George P. Hassett Dr.
Medford, MA. 02155**

Tel#: (781) 393-2560

Fax: (781) 393-2562

APPLICATION TO OPERATE A TANNING FACILITY

Fee: \$200.00 (Payable by Check Only)

Name of Business: _____

Address of Business: _____ Business Tel #: _____

Owner's Name: _____ Owner's Address: _____

Owner's Tel #: _____ Manager's Name: _____

1) Type of ultraviolet lamp or tanning device _____ Manufacturer _____

Model number: _____ Model year: _____ Serial # (if available) _____

2.) Type of ultraviolet lamp or tanning device _____ Manufacturer _____

Model number: _____ Model year: _____ Serial # (if available) _____

3.) Type of ultraviolet lamp or tanning device _____ Manufacturer _____

Model number: _____ Model year: _____ Serial # (if available) _____

Name and Address of Tanning Device Supplier: _____

Installer: _____ Date of Installation of Each Tanning Device: ____/____/____

Massachusetts Certification or Registration #: _____

Pursuant to M.G.L., C. 62C, S. 49A, I certify that under the pains and penalties of perjury that I have filed all Massachusetts tax returns and paid all Massachusetts tax returns and paid all taxes required under law. I further certify that all Medford taxes, whether real estate property or private property has been paid.

I have obtained a copy of the summary of Massachusetts General Laws, Chapter III, Sections 207-214 and a copy of the American Cancer Society's warning, DANGER: Ultraviolet Radiation, and a copy of the consent form.

CONTINUED ON BACK

I have obtained, read, and understand the requirements of 105 Code of MA Regulations (CMR) 123.000, and a copy of the consent form.

I will maintain the establishment in compliance with all regulations, and in a clean and sanitary manner. Signed under the pains & penalties of perjury.

Owner's Signature

License expires May 1st of each year

Date

Per 105 CMR 123.000— Permits may be suspended, revoked, or modified by the Board of Health, its agents, or employees for the failure of the owner, manager, staff or agent to comply with the conditions and requirements of these regulations. Notice will served in writing, sent by certified mail to the last known address of the alleged violator. Upon seven days of the written notice, a written request may be submitted to request a hearing before the Board. In the event the Board of Health, its agents or employees deem that the health, safety or welfare of the occupants or residents of the City of Medford is jeopardized and that the an emergency exists, it may order all operations terminated, and the establishment closed.