



## Boston Public Health Commission Tanning Facility Permit Application (105 CMR 123.000)

**Instructions:** No permit will be issued until the Environmental & Occupational Health Division (EOH) receives a complete application form (including all attachments and permit fee) and until the EOH conducts an inspection verifying that the facility meets all sections of the Massachusetts Department of Public Health's Tanning Facility Regulations. Mail a complete tanning facility permit application, all attachments and a check or money order for the permit fee to:

ATTN: Tanning Facility Application  
Environmental & Occupational Health Division  
Boston Public Health Commission  
1010 Massachusetts Avenue, 2<sup>nd</sup> Floor  
Boston, MA 02118  
617-534-5965

**Application Date:** \_\_\_\_\_

**Application Type**

- New establishment
- Permit renewal (Previous permit number: \_\_\_\_\_)

**Establishment Information**

Facility Name: \_\_\_\_\_ Facility Phone Number: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Manager Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ Owner E-Mail: \_\_\_\_\_

If ownership is a partnership or corporation, list the name, physical address (no PO Box), and phone number of all partners or corporate officers on a separate attached page and check this box.

**Tanning Facility Permit Fee**

Permit fee is \$200 per tanning bed. Payment must be made by Check or Money Order, made payable to Boston Public Health Commission.

Number of Tanning Devices	
Fee Per Device	x \$200
Total	\$

**New applicants ONLY - Attach copies of the following:**

- Tanning facility's operating and safety procedures
- Tanning facility's consent form, as specified under 105 CMR 123.003(D)(2) and (3)

**Are eye cups/goggles offered to clients/customers (either for free or sold):**

- Yes
- No



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**Tanning Device Information**

Please list all tanning devices/lamps at the facility. Attached additional pages as needed.

<b>Tanning Device 1</b>	
Name of Device	
Manufacturer	
Model Number	
Year	
Serial Number	
Brand and Model of UV Lamp	
Length	
Wattage	
Base (bi-pin or RDC)	
Color	
Device Supplier/Installer	
Address of Supplier/Installer	
Phone Number of Supplier/Installer	
Date of Installation	

<b>Tanning Device 2</b>	
Name of Device	
Manufacturer	
Model Number	
Year	
Serial Number	
Brand and Model of UV Lamp	
Length	
Wattage	
Base (bi-pin or RDC)	
Color	
Device Supplier/Installer	
Address of Supplier/Installer	
Phone Number of Supplier/Installer	
Date of Installation	



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**Applicant Statement of Consent**

I understand that this permit is valid only in the City of Boston and expires one year after the date that it is issued. I also understand that any notice to be mailed to be by the Boston Public Health Commission will be mailed to the address of the Tanning Facility that I have indicated above, unless otherwise specified.

I have read the Massachusetts Department of Public Health's Tanning Facility Regulations (105 CMR 123.000). I understand the obligations and requirements imposed upon a permitted Tanning Facility by those regulations. I agree to comply with all of the regulatory requirements specified in 105 CMR 123.000 while operating a Tanning Facility in the City of Boston.

I further understand that it is my responsibility to ensure that employees working in this Tanning Facility comply with all applicable health, safety, sanitation, sterilization, and work practice regulations as specified in 105 CMR 123.000.

I hereby certify, under penalties and pains of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and in no way misrepresented.

\_\_\_\_\_  
Facility Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility Owner Name (printed)