David J. Greenbaum, R.S. Director of Board of Health

TOWN OF SAUGUS

BOARD OF HEALTH 298 CENTRAL STREET SAUGUS, MASSACHUSETTS 01906



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TANNING FACILITIES APPLICATION

ESTABLISHMENT CONTACT INFORMATION Name of Establishment: Establishment Address: Manager: Emergency Response Person: _____ Phone # at Establishment: _____ Emergency Phone: _____ If a Corporation or Partnership, attach list of names, titles and home addresses of officers or partners. State of Name & Address Incorporation _______of Local Agent _____ TANNING EQUIPMENT **Tanning Device Supplier and Address Tanning Device Installer and Address Servicing Agent and Address** List the manufacturer, model number, model year, serial number and type of each ultraviolet lamp or tanning device. **AUTHORIZATION** I hereby certify, under the pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in anyway. Signature of Applicant _____ Date: Permit Fee \$250.00 FOR BOARD OF HEALTH USE ONLY Date Received Check Number Permit No. Amount Taxes and Fees Paid Late Fee \$50.00 П