



# TOWN OF SAUGUS

BOARD OF HEALTH  
298 CENTRAL STREET  
SAUGUS, MASSACHUSETTS 01906



**Public Health**  
Prevent. Promote. Protect.

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Director of Public Health

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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