



# TOWN OF MILLIS

## OFFICE OF THE BOARD OF HEALTH

900 Main Street • Millis, MA 02054

Phone: 508-376-7042

### APPLICATION FOR LICENSE OF A TANNING FACILITY – Fee \$97.00

Name of Establishment \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Owner/Manager \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

24 Hour Phone \_\_\_\_\_ Email: \_\_\_\_\_

Number of Tanning Beds/Booths in Establishment \_\_\_\_\_

Number of Staff Operating the Tanning Beds/Booths \_\_\_\_\_

Days of Week in Operation \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Name of Tanning Device Supplier, Installer and/or Service Agent:

\_\_\_\_\_

Address \_\_\_\_\_

☐ I have read the regulations governing tanning devices and understand the requirements. I understand that the health department will conduct periodic inspections of my facility. I have attached a copy of the parental permission slip that is required for use of a tanning device by a minor.

☐ I certify that the tanning devices and establishment complies with 21 CFR 1040.20

☐ Town of Millis property owners must obtain a Certificate of Good Standing from the Treasurer's Office.

**Pursuant to the MGL Ch. 62C, sec. 49A, I certify under penalties that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law.**

Federal ID # or Social Security # \_\_\_\_\_

Signature of Owner/Manager \_\_\_\_\_ Date \_\_\_\_\_