



TOWN OF BROOKLINE

DEPARTMENT OF PUBLIC HEALTH

11 Pierce Street, Brookline, Massachusetts, 02445
Telephone: (617) 730-2300 Facsimile: (617) 730-2296
www.brooklinema.gov

Patrick J. Maloney, MPAH
Chief Environmental Health
and Inspectional Programs

Fee \$100 for first device, \$25 each additional device.

TANNING FACILITY PERMIT APPLICATION

Name of facility: _____ Date: _____

Address: _____ Phone: _____

Name of operator: _____ Title: _____

Number of tanning devices: _____

For each ultraviolet lamp or tanning device:

<u>Manufacturer</u>	<u>Model Number</u>	<u>Model Year</u>	<u>Type</u>	<u>Serial</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

If necessary, please attach additional listings

(over)

For each tanning device please indicate:

Name and address of supplier Installer Service agent Date of installation

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

Please enclose the following:

- ___ Copy of consent form used ___ Copy of the injury report form used
- ___ A copy of the operation and safety procedures ___ Copy of the customer warning statement
- ___ Floor plan to scale 1/2" to 1", showing location and use of all rooms, including toilets, waiting areas and type and location of equipment.
- ___ Catalogs or other manufacturers information on all devices used in establishment

Please make check in the amount of _____ payable to the Town of Brookline.

Worker Compensation Coverage:

As required by MGL c 152 s 25A this Establishment is in compliance with the Massachusetts Worker Compensation Coverage Requirement (establishments not required to comply with the coverage requirements must submit copies of the Industrial Accidents affidavit form with this application).

Yes: ___ No: ___

I have received, read and understood the requirements of 105 CMR 123.000.

I the undersigned under the penalties of perjury that the applicant has filed all state and tax returns and paid all state and local taxes as required by law (MGL Chapter 62c s 49A).

Signature of the applicant

Date

Print Full Name