



Town of East Longmeadow

Tanning Facility Permit Application

Date: _____

Fee \$300.00

Name of Business			
Business Address			Phone
			Zip
Partners or Others Involved	Name:		Phone
	Address:		Email
	Name:		Phone
	Address:		Email
Contact Person Name			
Email:		Phone	

In accordance with the provisions of the Statutes, Chapter 111, Sections 207 – 214, which required all Tanning Facilities to be licensed, application is hereby made to operate a Tanning Facility in East Longmeadow, Massachusetts.

Required information on tanning devices in use at this facility (Include additional units on back of application)			Check here if there are no changes from previous year: (If no equipment change, info below need not be filled out again) <input style="float: right;" type="checkbox"/>		
Model #	Manufacturer	Model #	Model Year	Serial #	Lamp Type

*Submit copies of your customer consent form and you tanning unit(s) operating & safety guidelines with this applications. (Only if you are new applicant)

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state returns and paid all state taxes required by law.

Signature of Individual or Corporate Name

Social Security or Federal Identification

By: _____

Date: _____

Board of Health

Application Received:	
Premises Inspected:	
Permit Approved:	
Permit Number:	