



**HUBBARDSTON BOARD OF HEALTH**  
**APPLICATION FOR A TANNING DEVICE PERMIT**

The following information must be provided: (Please type or print)

**TANNING FACILITY NAME AND LOCATION**

Full Name:		Telephone (    )
Establishment Name:		Telephone (    )
Location Address:		
Mailing Address: Street name and number	City	State and Zip Code

**OWNERS NAME AND ADDRESS**

Applicants Full Name		Telephone:
Applicants Address: Street name and number	City	State and Zip Code

**TANNING DEVICE-** Please state the Name and Address for the following:

	Bed #1	Bed #2	Bed #3
Tanning Service Supplier			
Installer			
Servicing Agent			

Identify each ultraviolet lamp or tanning device located within the facility by:

	Bed #1	Bed #2	Bed #3
Type			
Manufacturer			
Model Number			
Model Year			
Serial Number			
Date of Installation			

If the facility is mobile, identify the geographic areas within the Board's Jurisdiction.

**DAYS AND HOURS OF OPERATION**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

**Important: A check for \$50.00 payable to "Town of Hubbardston" must accompany this application.**

I have received, read and understand the regulations, 105 CMR 123.000, regarding the record keeping and operating and safety procedures to be followed in the operation of the facility and tanning devices.

I understand that it is my responsibility to operate all tanning devices in accordance with both the regulations of the Hubbardston Board of Health and the Massachusetts Department of Public Health.

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

Social Security No. or Tax Identification Number:	
Date Signed	Signature of Individual

**Applicant does not owe any taxes to the Town of Hubbardston.**

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Signature Hubbardston Tax Collector