

TOWN OF WINCHENDON



Board of Health

Telephone (978) 297-3537  
Facsimile (978) 297-1616

109 Front Street  
Winchendon, Massachusetts 01475-1758  
**APPLICATION FOR PERMIT  
To Operate A Tanning Facility**

Name and phone #: \_\_\_\_\_  
(Full name of person, firm or corporation making application)

Address: \_\_\_\_\_

List names and phone numbers of the officers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of tanning devices: \_\_\_\_\_ Number of years in business: \_\_\_\_\_

Manufacturer, model number, model year, and type of each tanning device:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach the following to your application:

- A copy of the consent form to be used by the facility in fulfilling the requirements of 105 CMR 123.003 (D) (2) and (3);
- A copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices;
- The name and address of the tanning device supplier, installer, date of installation of each tanning device, and service agent;
- A check or money order for \$50.00 payable to The Town of Winchendon.

By signing below you indicate that you have received, read and understood the requirements of 105 CMR 123.000

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_