



Town of Fairhaven Board of Health

Town Hall • 40 Center Street • Fairhaven, MA 02719
Telephone: (508) 979-4023 ext. 125 • Fax: (508) 979-4079



Public Health
Prevent. Promote. Protect.

Permit Number: _____ Fee: \$100.00
Paid on : _____ Cash _____ Chk _____ Online: _____

TANNING ESTABLISHMENT PERMIT APPLICATION

Date _____

Facility Name _____

Facility Address _____

Facility Telephone Number _____

Owner Name _____

Owner Address _____

Owner Telephone Number _____

Signature _____ Date _____

By signing this application, you certify that you have received,
Read and understood the requirements of 105 CMR 123.000

Number of Tanning Devices: _____

Applicant shall provide an informational sheet for each device. The sheet shall include the manufacturer name, model number, model year, serial number (if available) and type of each ultraviolet lamp or tanning device located within the facility (105 CMR 123.005(C)2. This sheet shall also include the name and address of the tanning device supplier, installer, date of installation for each device and the servicing agent

THE FOLLOWING MUST ACCOMPANY THE COMPLETED APPLICATION

- _____Copy of SmartTan certificate for each operator
- _____Completed Worker's Compensation Insurance Affidavit
- _____Current Certificate of Liability Insurance
- _____Copy of proper consent form used per 105 CMR 123.003(D)(2) and(3)
- _____Application Fee