

MILTON BOARD OF HEALTH

TANNING ESTABLISHMENT PERMIT

Supplemental Information

DATE: _____

NUMBER OF TANNING LAMPS OR MACHINES: _____

NUMBER OF TANNING ROOMS: _____

FOR EACH ULTRAVIOLET LAMP OR TANNING DEVICE: (attach additional page if necessary)

	MANUFACTURER	MODEL NUMBER	MODEL YEAR	TYPE	SERIAL NO.
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

TANNING DEVICE SUPPLIER

NAME: _____

ADDRESS: _____

TANNING DEVICE INSTALLER

NAME: _____

ADDRESS: _____

INSTALLATION DATES: _____

SERVICE AGENT

NAME: _____

ADDRESS: _____

TRAINING COURSE

NAME: _____

DATE TAKEN: _____

****ATTACH A COPY OF YOUR CONSENT FORM, OPERATION AND SAFETY PROCEDURES, AND FLOOR PLAN SHOWING LOCATION AND USE OF ALL ROOMS, INCLUDING BATHROOMS, WAITING ROOMS, AND EQUIPMENT.**

“I certify that the information I have provided is true and accurate.”

“I certify that I have read and understood the requirements of 105 CMR 123.000”

Signature of Applicant: _____