



TOWN OF WEBSTER

Health Department
350 Main Street
Webster, Ma 01570
Phone: 1-508-949-3800 ext. 4002
Fax : 1-508-949-3888

Webster Board of Health

TANNING ESTABLISHMENT APPLICATION

Date _____ Fee Amt. \$150.00 _____

Facility Name _____

Facility Address _____

Facility Telephone Number _____

Owner Name _____

Owner Address _____

Owner Telephone Number _____

Email Address _____

Signature _____ Date _____

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

Signature: _____

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