



# CITY OF SALEM, MASSACHUSETTS

KIMBERLEY DRISCOLL  
MAYOR

BOARD OF HEALTH  
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LARRY RAMDIN, RS/REHS, CHO, CO-FS  
HEALTH AGENT

## 2011 TANNING FACILITY PERMIT APPLICATION

Business Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Bus. Address: \_\_\_\_\_ Salem, MA. 01970

Owner(s) Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Owner's Address: \_\_\_\_\_

**FEE: \$140.00 (MAKE CHECK PAYABLE TO – CITY OF SALEM)**

List the manufacturer, model number, model year, serial number (if available) and type of each ultraviolet lamp or tanning device located within the facility. (If additional space is needed, please use the back of this application.)

Mass. Electrical Code Article 90-6: Factory installed internal wiring or construction of equipment must be listed by a qualified electrical testing laboratory (U.L., E.T.L, or equivalent).

This application must be accompanied by a check the following information:

- \*name, business address of the tanning device supplier
- \*name, business address of the tanning device installer
- \*date of installation for each tanning device
- \*name of service agent
- \*copy of consent form used for patrons under the age of 18 (105 CMR 123.003 D)
- \*copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices

I have received a copy of 105 CMR 123.000: Tanning Facilities  
I hereby state that I have read and understood the requirements of these regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date