



**CITY OF PEABODY  
DEPARTMENT OF HUMAN SERVICES**

24 LOWELL STREET  
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Board of Health  
JOHN J. BARRY III, CHAIRMAN  
STEPHEN S. KALIVAS, R.PH.  
EUGENE F. SMITH, M.D.

SHARON A.  
CAMERON  
DIRECTOR

**Application for Permit to Operate Tanning Facilities**

Pursuant to the Rules and Regulations for the Operation of Tanning Facilities adopted by the Peabody Board of Health, effective July 1, 1991 and 105 CMR 123.00 please complete the following:

**Name and Address of Tanning Facility:** \_\_\_\_\_  
\_\_\_\_\_

**Full Name of Applicant (i.e., Owner):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Hours of Operation:** \_\_\_\_\_

**Manager(s) on premises:** \_\_\_\_\_  
\_\_\_\_\_

**Number of Tanning Devices:** \_\_\_\_\_  
**(Also fill out Page 2)**

Please return this form with a check payable to "City of Peabody" in the amount of One Hundred Dollars (\$100.00) for the Facility Permit, plus Twenty-Five Dollars (\$25.00) for each additional tanning device in excess of five. Note that permits are renewable as of January 1st, of each year.

You must also submit 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); Also a copy of the operating and safety procedures to be followed in the operation of the facility and tanning device.

I hereby certify that I have received, read and understood the requirements of 105 CMR 123.000.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Pursuant to M.G.L. Ch. 62C, sec. 48A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Social Security Number or Federal Identification No.

\_\_\_\_\_  
Signature of Individual or Corporate Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Corporate Officer (if applicable)



Name of Tanning Facility \_\_\_\_\_

<b>Tanning Device</b>	<b>Tanning Device</b>
<b>Type:</b>	<b>Type:</b>
<b>Manufacturer:</b>	<b>Manufacturer:</b>
<b>Model Number:</b>	<b>Model Number:</b>
<b>Model Year:</b>	<b>Model Year:</b>
<b>Serial Number:</b>	<b>Serial Number:</b>
<b>Supplier:</b>	<b>Supplier:</b>
<b>Installer:</b>	<b>Installer:</b>
<b>Date of Installation:</b>	<b>Date of Installation:</b>
<b>Service Agent:</b>	<b>Service Agent:</b>

<b>Tanning Device</b>	<b>Tanning Device</b>
<b>Type:</b>	<b>Type:</b>
<b>Manufacturer:</b>	<b>Manufacturer:</b>
<b>Model Number:</b>	<b>Model Number:</b>
<b>Model Year:</b>	<b>Model Year:</b>
<b>Serial Number:</b>	<b>Serial Number:</b>
<b>Supplier:</b>	<b>Supplier:</b>
<b>Installer:</b>	<b>Installer:</b>
<b>Date of Installation:</b>	<b>Date of Installation:</b>
<b>Service Agent:</b>	<b>Service Agent:</b>

<b>Tanning Device</b>	<b>Tanning Device</b>
<b>Type:</b>	<b>Type:</b>
<b>Manufacturer:</b>	<b>Manufacturer:</b>
<b>Model Number:</b>	<b>Model Number:</b>
<b>Model Year:</b>	<b>Model Year:</b>
<b>Serial Number:</b>	<b>Serial Number:</b>
<b>Supplier:</b>	<b>Supplier:</b>
<b>Installer:</b>	<b>Installer:</b>
<b>Date of Installation:</b>	<b>Date of Installation:</b>
<b>Service Agent:</b>	<b>Service Agent:</b>