



**Town of Reading**  
**16 Lowell Street**  
**Reading, MA 01867-2683**

**HEALTH**  
**Phone: (781) 942-9061**  
**Fax: (781) 942-9071**  
**Website: www.readingma.gov**

**Application for Tanning Facility Permit 105 CMR 123.000**

**INSTRUCTIONS:** 1) Provide the information requested below. 2) Sign the application and return it, along with the required attachments. 3) Please complete the two-page application in its entirety. 4) If the information on this application changes, you must notify the health department in writing.

Name of Facility		Hours of Operation (Day/Time)	<p style="text-align: center;"><u>Type of Application</u></p> <p><input type="checkbox"/> Permitting/New \$100/1<sup>st</sup> device + for \$25/each additional</p> <p><input type="checkbox"/> Renewal \$25 per device</p> <p style="text-align: center;">_____</p> <p><b>This permit to be renewed annually by June 30</b></p>
Facility Address			
Facility Mailing Address (if different)			
Facility Phone	Email		
Name of Owner/Corporation	Owner's Phone		
Name of Applicant (if different than owner)	Applicant's Phone		

# OF BEDS: \_\_\_\_\_ # OF BOOTHS: \_\_\_\_\_ TOTAL # OF DEVICES IN FACILITY: \_\_\_\_\_

#	MANUFACTURER	MODEL NUMBER	MODEL YEAR	SERIAL #	TYPE (Bed/Booth)	INSTALLATION DATE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Name/Address of Device Supplier:

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Name/Address of Device Installer:

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Name of Service Agent:

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If necessary, attach name/address of any additional device suppliers, device installers, and service agents.

### Required Attachments

\_\_\_\_\_ Copy of the facility's consent form as specified under 105 CMR 123.003(D)(2) and (3)

\_\_\_\_\_ Copy of the facility's operating and safety procedures

\_\_\_\_\_ List of trained operators

\_\_\_\_\_ Copies of training certification(s) for each operator

\_\_\_\_\_ Identify light bulb disposal procedure

\_\_\_\_\_ Permit fee (check)

\_\_\_\_\_ If applicable, name/address of any additional device suppliers, device installers, and service agents.

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I \_\_\_\_\_ have read and received a copy of the regulation governing the operation of tanning facilities (105 CMR 123.000). I have read and understand these regulations as they pertain to my operation of the business for which this permit application is being filed. I hereby certify under pains and penalties of perjury that I have personally examined and am familiar with the information submitted on this form, and that such information is, to the best of my knowledge and belief, true, accurate, and complete.

\_\_\_\_\_  
Signature of Applicant (signature)

\_\_\_\_\_  
Date Signed

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**NOTE: A SIGNED APPROVED COPY OF THIS APPLICATION WILL BE RETURNED TO YOU ALONG WITH YOUR OPERATION PERMIT. THE APPROVED COPY MUST BE KEPT ON-SITE AT THE FACILITY AT ALL TIMES AS PART OF YOUR REQUIRED RECORD KEEPING AND MUST BE MADE AVAILABLE TO AN INSPECTOR UPON REQUEST.**

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### For Office Use Only

\_\_\_\_\_ Inspection successfully passed (attached completed facility inspection checklist)

\_\_\_\_\_ Operator training qualifications met satisfactorily

\_\_\_\_\_ No outstanding complaints or violations for this facility

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