



**TOWN OF DALTON**  
**Board of Health**  
**462 Main Street**  
**Dalton, MA 01226**  
**Tel (413) 684-6111 Ext. 20**  
**Fax (413) 684-6131**

**APPLICATION FOR A TANNING FACILITY PERMIT**

NAME OF ESTABLISHMENT \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

TANNING EQUIPMENT DOCUMENTATION

MANUFACTURER                      MODEL                      SERIAL NUMBER                      YEAR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REPAIR / SERVICE AGENT \_\_\_\_\_

A copy of your customer consent form is to be attached per 105 CMR 123.000

**Application fee of \$35.00 due with application**

I have received, read and understood the requirements of 105 CMR 123.000

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**~FOR HEALTH DEPARTMENT USE ONLY~**

\_\_\_\_\_  
DATE RECEIVED

\_\_\_\_\_  
DATE INSPECTED

\_\_\_\_\_  
APPROVED BY

\_\_\_\_\_  
PERMIT NUMBER