



TOWN OF DUXBURY

BOARD OF HEALTH
TOWN OFFICES
878 TREMONT STREET
DUXBURY, MASSACHUSETTS 02332-4499

Telephone (781) 934-1100
Fax (781) 934-1118

APPLICATION FOR A TANNING FACILITY

TANNING FACILITY NAME AND LOCATION

FEE: \$60.00

Name of Establishment _____ Telephone _____

Location Address _____

Mailing Address _____ Email _____

OWNERS NAME AND ADDRESS

Applicants Full Name _____ Telephone _____

Applicants Address _____
(Street) (City) (State) (Zip)

TANNING DEVICE

	Bed #1	Bed #2	Bed #
Tanning Service Supplier			
Type			
Manufacturer			
Model Number			
Model Year			
Serial Number			
Date of Installation			

DAYS AND HOURS OF OPERATION _____

I have read and understand the regulations, 105 CMR 123.000, regarding the record keeping, operating and safety procedures to be followed in the operation of the facility and tanning devices.

I understand that it is my responsibility to operate all tanning devices in accordance with the regulations of the Massachusetts Department of Public Health.

Date Signed _____

Signature _____

"The Mission of the Town of Duxbury is to deliver excellent services to the community in the most fiscally responsible and innovative manner while endeavoring to broaden our sense of community and preserve the unique character of our town."