



**Town of Brewster  
Health Department**

2198 Main Street  
Brewster, Massachusetts 02631-1898  
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**PERMIT APPLICATION – TANNING FACILITIES  
FEE: \$110.00**

Business Name: \_\_\_\_\_

Location: \_\_\_\_\_

Owners/Operator of business: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The manufacturer, model number, model year, serial number and type of each ultraviolet lamp or tanning device located within the facility. (Use back if necessary)

Manufacturer: \_\_\_\_\_ Model Number: \_\_\_\_\_

Model year: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Type of Ultraviolet Lamp: \_\_\_\_\_

Type of Tanning Device: \_\_\_\_\_

Enclosed please find the requirements of 105 CMR 123.000 for Tanning Facilities.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION MUST INCLUDE:**

1. Signed application with state required workers compensation form.
2. Fee (\$110.00)
3. A copy of the consent form to be used by the facility in fulfilling the requirements of 105 CMR 123.000 (D) (2) and (3).
4. A copy of the operating and safety procedures to be followed in the operation of the facility and tanning device.

NO LICENSE WILL BE ISSUED WITHOUT ALL REQUIRED FORMS ATTACHED. LATE FEES AND CHARGES WILL RESULT SHOULD PERMIT EXPIRE PRIOR TO RENEWAL.