



TOWN OF MILFORD
BOARD OF HEALTH
Milford Town Hall 52 Main St, Milford MA 01757
Phone (508) 634-2315 Fax (508) 473-1380

APPLICATION FOR A PERMIT TO OPERATE A TANNING FACILITY

Annual Permit Fee: \$75 (Payable to the Town of Milford)

APPLICATION FEES ARE NON-REFUNDABLE

Name of Establishment: _____

Establishment Address: _____

Phone Number: (____) ____ - ____

Owner(s): _____

Business Mailing Address (*If different from Establishment Address*): _____

Email: _____

TANNING DEVICES

Type of Ultraviolet Lamp or Tanning Device: _____

Manufacturer: _____

Model Number(s): _____

Model Year: _____

Serial Number (*If available*): _____

Tanning Device Supplier: _____

Installer: _____

Date of Tanning Device Installation (*For each device*): _____

Service Agent: _____

I have received, read and agree to abide by the Code of Regulations of the Town of Milford Board of Health and 105 CMR 123.000. I understand that I must submit a copy of the consent form to be used by the facility in fulfilling the requirements of 105 CMR 123.000, as well as a copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices prior to the issuance of a license to operate by the Board of Health.

Signature of Applicant

Date