



# TOWN OF UXBRIDGE

Board of Health  
21 South Main Street  
Uxbridge, Massachusetts 01569  
Telephone: (508) 278-8600 Ext.8  
[boh@uxbridge-ma.gov](mailto:boh@uxbridge-ma.gov)

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## APPLICATION FOR TANNING FACILITY PERMIT

Date: \_\_\_\_\_, 20\_\_\_\_\_

Non-Refundable Fee **\$100.00**

(Checks made payable to Town of Uxbridge)

A permit for Tannin Permit shall not be transferable from one person to another. This requires a new application and permit. A tanning permit shall be conditioned upon continued compliance with all applicable provisions in these regulations.

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Email Address of Applicant: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Phone Number of Facility: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

### Ultraviolet Lamp or Tanning Device:

1. Manufacturer: \_\_\_\_\_

2. Model Number: \_\_\_\_\_ Model Year: \_\_\_\_\_

3. Serial Number: \_\_\_\_\_

4. Type of Device: \_\_\_\_\_

(If there is more than one device, please use additional paper and attach)

Is This A Mobile Unit? YES \_\_\_\_\_ NO \_\_\_\_\_

Name and Address of the Following:

Tanning Device Supplier: \_\_\_\_\_

Tanning Device Installer: \_\_\_\_\_

Service Agent: \_\_\_\_\_

Date of Installation of Each Tanning Device: \_\_\_\_\_

Other Information Required By 105 CMR 123.000

1. A copy of the consent form to be used by the facility in fulfilling the requirements of 105 CMR 123.003(D) (2) and (3).
2. A copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices.

I have received, read and understood the requirements of 105 CMR 123.00

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Signature of Applicant

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Date