



**TOWN OF WEST SPRINGFIELD
HEALTH DEPARTMENT**

Fee: \$40.00

26 Central Street, Suite 18
West Springfield, MA 01089-2754
Phone: (413) 263-3206 FAX: (413) 737-1583
www.west-springfield.ma.us

TANNING BOOTH PERMIT APPLICATION

(See Code of Massachusetts Regulations 105 CMR 123.000)

Establishment Name: _____

Establishment Address: _____

Establishment Telephone: _____ Establishment Fax number: _____

Owner's Name: _____
(Please Print)

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ Fax number: _____

Social Security Number or
Federal Identification Number: _____

Manufacturer, Type of Tanning beds: _____

Size, Manufacturer, Type of Bulbs used: _____

Method of Bulb Disposal: _____

Source of Recycling: _____

Operator Training: _____

Pursuant to M.G.L., Ch. 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

(Signature of Applicant)

(Date)

For Health Department Use Only:

Permit Approved by: _____ Disapproved Reason: _____