



**TOWN OF MERRIMAC  
BOARD OF HEALTH**  
2 School Street  
Merrimac, MA 01860  
Tel: 978-346-4066

**Annual Fee: \$50.00**  
Payable to Town of Merrimac

**APPLICATION FOR A LICENSE TO OPERATE A TANNING FACILITY**

All of the following questions must be completed in full and returned to this office with the required license fee before a license will be issued.

I hereby apply for a license to operate a Tanning Facility.

Name of Establishment \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address \_\_\_\_\_

E-Mail: \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Owner's/Manager's Name \_\_\_\_\_ Emergency Tel. \_\_\_\_\_

Home Address: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Date of Inspection of Facility \_\_\_\_\_

Board of Health Inspector: \_\_\_\_\_

Facility Approved  Disapproved

*I hereby certify that I have received, read and understand the Requirements of Codes of Massachusetts Regulations, 105 CMR 123.000, **Tanning Facilities**.*

Signed: \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

SSN or FIN No. \_\_\_\_\_

**Permit Expires December 31.**