

## TOWN OF NORTHBRIDGE BOARD OF HEALTH

Aldrich School Town Hall Annex ~ 14 Hill Street Whitinsville, MA 01588 Phone (508) 234-3272 Fax (508) 234-0821

## **APPLICATION FOR TANNING SALON FACILITY LICENSE**

<b>Annual Permit Fee: \$150.00</b>	Date:
Check made payable to the Town of Northbrid	dge
APPLICATION FEES ARE NON-REFUNDA	ABLE
Name of Tanning Salon Facility:	
Address:	
Telephone Number:	
Name and Address of Applicant:	
Type of Ultraviolet Lamp or Tanning Device	ce:
Manufacturer:	
Model Number(s):	
Service Agent:	
I have received, read and agree to abide by the Board of Health and 105 CMR 123.000. I und	
consent form to be used by the facility in fulfi	-
D(2&3), as well as a copy of the operating and	* *
operation of the facility and tanning devices pathe Board of Health.	rior to the issuance of a license to operate by
Signature of Applicant	 Date
Signature of Applicant	Date

## MASSACHUSETTS DEPARTMENT OF REVENUE

## REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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 Individual or Corporate Name (Mandatory)	
By: Corporate Officer (Mandatory, if applicable)	
**Social Security Number (Voluntary) or Federal Identification Number	
* This license/permit will not be issued unless this certification clause is signed by the applicant.	
** Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws Chapter 62C, Section 49A.	