



Town of Northbridge  
**BOARD OF HEALTH**  
7 Main Street  
Whitinsville, MA 01588  
Phone (508) 234-3272  
Fax (508) 234-0821

**APPLICATION FOR TANNING SALON FACILITY LICENSE**

**\$100.00 Per Year**  
**(Non-refundable Fee must accompany Application)**

**Date:** \_\_\_\_\_

**Name of Tanning Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Name and Address of Applicant:** \_\_\_\_\_

\_\_\_\_\_

**Type of Ultraviolet Lamp or Tanning Device:** \_\_\_\_\_

\_\_\_\_\_

**Manufacturer:** \_\_\_\_\_

**Model Number(s):** \_\_\_\_\_

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

I have received, read and agree to abide by the regulations of the Northbridge 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 123.012 D(2&3), 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