



City of Quincy, Massachusetts

THOMAS P. KOCH, MAYOR

DEPARTMENT OF HEALTH

440 East Squantum Street
Quincy, MA 02171

Telephone: (617) 376-1270
Fax: (617) 376-1271

ANDREW SCHEELE
COMMISSIONER OF PUBLIC HEALTH

Application for a Permit to Operate a Tanning Device and/or Facility

New Application

Renewal

Complete and return this form (two sides) with the permit fee (made out to: *City of Quincy*) to:

Quincy Health Department

440 East Squantum Street
Quincy, MA 02171

Upon review of the application and receipt of the **\$150.00** annual permit fee, a permit will be issued by the Quincy Health Department that will be valid for one year (or portion thereof). Annual renewal (December of each year) of your permit must be accompanied by a completed application and permit fee.

1. Name of Establishment: _____

2. Business Address: _____

3. Name of Owner: _____

Telephone: Work: _____

Emergency: _____

4. Name of Manager: _____

(If different than owner)

Telephone: Work: _____

Emergency: _____

5. Number of Tanning Devices at Facility: _____

6. Required Information: Attached to this application, please submit the following:

A.) **Equipment:** List the manufacturer, model number, model year, serial number and type of EACH ultraviolet lamp or tanning device located within the facility.

B.) **Installation and Service:** List the names and address of the tanning device supplier, installer, date of installation of EACH tanning device and name/address of current service agent.

C.) **Records:** -Provide a copy of the consent form to be used by the facility in fulfilling the requirements of 105 CMR 123.003 (D).

-Provide a copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices.

-Provide a copy of the "Certificate of Training" for EACH operator, to fulfill requirements of 105 CMR 123.003(C).

D.) **If a mobile facility:** attach listing and/or map of geographical area of Quincy to be serviced.

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way.

Date

Signature

Name and Title (Print)

Office Use Only:

Approved Effective Date: _____

License #: _____

Fee Paid: _____

Inspection Date: _____

Inspector: _____

Disapproved, Comment: _____