



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE BOARD OF HEALTH**

Town of Arlington

27 Maple Street
Arlington, Massachusetts 02476

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Application for a Permit to Operate a Tanning Facility

Fee: \$145.00 (Payable to Town of Arlington)

Name of Establishment _____

Address _____

Phone _____

Owner _____

Person in Charge/ Manager: _____

Number of Tanning Devices _____

Types of Device(s) (Booths, Beds, etc.) _____

Manufacturer of Device(s) _____

List all persons who operate the tanning device(s) at this facility _____

Type of sanitizer/disinfectant used for contact surfaces _____

Please attach one (1) copy of the customer warning statement, and one (1) copy of the injury report form used.

Signature of Manager/Owner _____ **Date** _____