Town of Middleborough

Massachusetts

DEPARTMENT
OF THE
BOARD OF HEALTH
508-946-2408

20 CENTRE STREET
MIDDLEBOROUGH, MA
02346

DATE: _____

FEE: _____

APPLICATION
TANNING FACILITIES

In accordance with the provisions of the Statutes relating thereto; application for a license/permit is hereby made in accordance with rules and regulations made under authority of said Statutes.

_____
FULL NAME OF PERSON, FIRM OR CORPORATION TO APPEAR ON LICENSE

_____
NAME OF FACILITY *ADDRESS OF FACILITY* *TELEPHONE NO.*

_____
NAME OF OPERATOR *ADDRESS OF OPERATOR* *TELEPHONE NO.*

_____ _____
SOCIAL SECURITY OR F.I.D. NO. *SIGNATURE OF APPLICANT*

MODEL TYPE _____
MANUFACTURE MODEL NO. _____ *SERIAL NO.* _____
LAMP TYPE(S) _____
DEVICE SUPPLIER _____ *ADDRESS* _____
INSTALLER _____ *ADDRESS* _____
SERVICE AGENT _____ *ADDRESS* _____

DATE OF EXPIRATION _____

Approved By:
HEALTH DEPARTMENT _____ *DATE:* _____
BUILDING INSPECTOR _____ *DATE:* _____
WIRING INSPECTOR _____ *DATE:* _____
PLUMBING INSPECTOR _____ *DATE:* _____
FIRE DEPARTMENT _____ *DATE:* _____