



## TOWN OF WEBSTER

Health Department  
350 Main Street  
Webster, Ma 01570  
Phone: 1-508-949-3800 ext. 4002

Iwona Miller – Chairman

James Avery – Vice Chairman

Dave Zalewski - Member

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### Webster Board of Health

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## TANNING ESTABLISHMENT APPLICATION

Date \_\_\_\_\_ Fee Amt. \$150.00 \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

Facility Telephone Number \_\_\_\_\_

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_

Owner Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this application, you certify that you have received,  
read and understood the requirements of 105 CMR 123.000

Number of Tanning Devices: \_\_\_\_\_

Applicant shall provide an informational sheet for each device. The sheet shall include the manufacturer name, model number, model year, serial number (if available) and type of each ultraviolet lamp or tanning device located within the facility (105 CMR 123.005(C)2. This sheet shall also include the name and address of the tanning device supplier, installer, date of installation for each device and the servicing agent

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### THE FOLLOWING MUST ACCOMPANY THE COMPLETED APPLICATION

- \_\_\_\_\_ Copy of SmartTan certificate for each operator
- \_\_\_\_\_ Completed Worker's Compensation Insurance Affidavit
- \_\_\_\_\_ Current Certificate of Liability Insurance
- \_\_\_\_\_ Copy of proper consent form used per 105 CMR 123.003(D)(2) and(3)
- \_\_\_\_\_ Application Fee