



Springfield Department of Health/Human Services
Division of Environmental Health
311 State Street
Springfield, MA 01105
(413) 787-6740

HEALTH CLUB ESTABLISHMENT AND/OR TANNING FACILITY

NEW _____ RENEWAL _____

ENCLOSED FEE: \$ _____

*****Please make check payable to the City of Springfield and return with this application to the above address.**

PERMIT(S) REQUESTED FOR: _____ **\$200.00 PER YEAR HEALTH CLUB**
_____ **\$200.00 PER YEAR TANNING BOOTH/FACILITY**

PLEASE PRINT

ESTABLISHMENT NAME: _____

ADDRESS: _____

STREET CITY STATE ZIP CODE

NAME OF OWNER: _____

MAILING ADDRESS: _____

STREET CITY STATE ZIP CODE

I HEREBY CERTIFY THAT ALL INFORMATION STATED IN THE ORIGINAL APPLICATION TO WHICH LICENSE WAS ISSUED CONTINUES TO BE CORRECT. I UNDERSTAND THAT FALSE STATEMENTS OR FAILURE TO REPORT CHANGES IN THE INFORMATION STATED IN MY ORIGINAL APPLICATION SHALL BE CONSIDERED CAUSE FOR REVOCATION OF LICENSE. (ANY CHANGES OR MODIFICATIONS TO INFORMATION STATED IN THE ORIGINAL APPLICATION MAY BE PROVIDED BY FILLING IN OF APPROPRIATE SECTIONS OF AN ORIGINAL APPLICATION FORM, WHICH CAN THEN BE SUBMITTED AS AN APPENDIX TO THE APPLICATION FOR LICENSE RENEWAL).

DATE

APPLICANT SIGNATURE

SS# OR ID#

TITLE OF APPLICANT