

SPRINGFIELD DEPARTMENT OF HEALTH & HUMAN SERVICES DIVISION OF ENVIRONMENTAL HEALTH

1145 Main Street Suite 114 Springfield, MA 01103 (413) 787-6740 Fax (413)787-6458 787-6745(TTY)

APPLICATION FOR PERMIT TO OPERATE SUNTANNING FACILITY

NEW R	ENEWAL					
	E: \$200 YEAR SPRINGFIELD AND 1					
IN ACCORDANC	E WITH M.G.L. CHAPT PERMIT TO OPERATE	ER 111, SECTION	ON 208 THROUGH			
			RINT OR TYPE			
DATE:						
		TEL. #:				
ADDRESS:	TDEET		CITY	STATE	710 0005	
	R:					
MAILING ADDRE	SS:		CITY	STATE	ZIP CODE	
NAME OF MANA	GER:		TEL. #:			
ADDRESS:			CITY			
					ZIP CODE	
DAYS/HOURS O	F OPERATION:					
CLIENTS	MALE () F	FEMALE()	MALE AND F	FEMALE()	
# BATHROOM	FACILITIES #	SUNTANNIN	G BEDS	SUNTANNING B	BOOTHS	
# SUNLAMPS 1	HAT INCLUDE HIGH	PRESSURE 1	ΓANNING LAMPS	.		
	ATION AS PROVIDED (TO THE SPRINGFIELD ON.					
	W.G.L. CHAPTER 62C, OWLEDGE AND BELIE ER LAW.					I,
SOCIAL SECUI	RITY NUMBER OR F	ID# C	ORPORATE NAM	ME/SIGNATURE	OF APPLICANT	



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FEDERAL I.D. NUMBER

BY:	
_	CORPORATE OFFICER (IF APPLICABLE)