TOWN OF MONSON
BOARD OF HEALTH
Building And Promoting A Healthy Community
EST. 1995
MASSACHUSETTS

Application for Tanning Bed License

Date: _____ Fee: $50.00 **per bed**

Name of Business: _____

Business Address: _____

Mailing Address (if different): _____

Name and Title of Applicant: _____

Address of Applicant: _____

Name of Owner (if different): _____

Business Phone Number: _____ Business Email: _____

Other Emergency Contact Number of Responsible Party: _____

Tanning Device **Supplier** Name and Address: _____
Tanning Device **Installer** Name and Address: _____

Number of Beds: _____

**LICENSE WILL NOT BE ISSUED UNLESS ATTACHED CERTIFICATION CLAUSE FOR STATE TAXES IS SIGNED BY THE APPLICANT.

BOARD OF HEALTH USE ONLY **Permit No. _____**

Permit Approved / Denied Date: _____

If denied, reason: _____

_____

Fee amount and date collected: _____

110 Main Street • Monson, MA 01057 • Tel: 413-267-4107 • Fax: 413-267-3726 • email: BOH@monson-ma.gov