

Marion Board of Health
2 Spring Street
Marion, MA 02738
508 748 3530

2008 Marion Board of Health Application for
Tanning Permits

Name _____

Name of Establishment _____
[if applicable]

Business Address _____

Business Mailing Address _____
[if different from above]

Business Telephone Number (s) _____

Name of Tanning Device Supplier _____

Mailing Address of Tanning
Device Supplier _____

Name of Tanning
Device Manufacturer _____

Mailing Address of Tanning
Device Manufacturer _____

Tanning Device Model Number _____

Tanning Device Model Year _____

Tanning Device Serial Number _____

Type of Ultraviolet Lamp on Tanning Device _____

<u>License or Permit</u>	<u>Fee</u>
License to Conduct Tanning	\$50.00
License to Operate a Tanning Establishment	\$100.00
TOTAL _____	

Total payment is due with Application

The responsibility to seek and obtain appropriate licenses and permits is that of the applicant

This is a two-sided application. Please complete the reverse.