



# The City of REVERE, MASSACHUSETTS

**Brian M. Arrigo**  
Mayor

**APPLICATION FOR TANNING FACILITIES**  
105 CMR 123.000 Minimum Standards for Tanning Facilities

**American Legion Building Rear**  
249 Broadway  
Revere, MA 02151  
Tel: (781) 286-8176  
Fax: (781) 286-8369

**BOARD OF HEALTH**

Fee: \$100

Name of Establishment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name and Title of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name of Owner: (If different from Applicant) \_\_\_\_\_

Business Telephone #: \_\_\_\_\_ Owner's Phone #: \_\_\_\_\_

Emergency Response Person: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_

Please list the manufacturer, model number, model year, serial number and type of each ultraviolet lamp or tanning device within your facility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the name and address of the tanning device supplier, installer and date of installation of each tanning device and service agent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Each completed application must be forwarded with the following:

1. A copy of the consent form to be used by your facility in fulfilling the requirements of 105 CMR 123.003 (D) (2) and (3).
2. A copy of the operating and safety procedures to be followed in the operation of your facility and tanning devices.

**I hereby certify that I have received, read and understand the requirements of 105 CMR 123.000 and that all real estate, personal property or excise taxes or any monies due the city of Revere have been paid in full.**

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date