



City of Revere

Patrick M. Keefe, Jr.
Mayor

Office of Municipal Inspections
American Legion Building
249R Broadway
Revere, MA 02151
O: 781-485-8470
F: 781-286-8369

APPLICATION FOR TANNING FACILITIES

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