

Town of Marshfield

BOARD OF HEALTH

APPLICATION FOR TANNING FACILITY

NAME OF
ESTABLISHMENT _____

ADDRESS _____

TELEPHONE NO. _____

OWNER OF ESTABLISHMENT _____

ADDRESS _____

MANAGER OF FACILITY OR OTHER RESPONSIBLE INDIVIDUAL

HOURS OF OPERATION _____

NUMBER OF TANNING DEVICES (INCLUDING ALL BOOTHS, BEDS OR LAMPS)

SPECIFY NUMBER AND TYPE _____

SIGNATURE OF OWNER _____ DATE _____

BOARD OF HEALTH APPROVAL _____ DATE _____