

**TOWN OF FRANKLIN**  
**BOARD OF HEALTH**

Bruce J. Hunchard, Chairman  
Dr. Mario DeBaggis, V. Chairman  
Dr. Darrolyn Lindsey, Member  
David E. McKearney, R.S., Health Agent/Director

Municipal Building  
355 East Central Street  
Franklin, MA 02038  
(508) 520- 4905

**APPLICATION FOR TANNING FACILITY PERMIT**

Permit No. \_\_\_\_\_

Fee \_\_\_\_\_

Date \_\_\_\_\_

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

Address \_\_\_\_\_

Tel. No. \_\_\_\_\_

Name of owner/s \_\_\_\_\_

Home Address of Owner/s \_\_\_\_\_

Tel. No. \_\_\_\_\_

Date of Inspection of Facility \_\_\_\_\_

Board of Health Inspector \_\_\_\_\_

Facility Approved ( )

Disapproved ( )

Date of Permit \_\_\_\_\_

Permit Expires: June 30 th of each year

I, \_\_\_\_\_ hereby certify that I have received, read and understand the Requirements of Codes of Massachusetts Regulations, 105 CMR 123.000, Tanning Facilities.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Owner/Operator`