



CITY OF WALTHAM

MASSACHUSETTS

BOARD OF HEALTH

YEAR _____

MICHELLE M. FEELEY

DIRECTOR OF PUBLIC HEALTH

Tanning Application

Fee: \$220.00 Payable to the City of Waltham

Name of Establishment: _____

Address & Phone Number of Establishment: _____

Mailing Address if different: _____

Owners Name, Address & Phone Number: _____

Email: _____

Hours of operation: _____

I acknowledge that with my application for a license, I have received a copy of M. G. L. Chapter 111 S.S. 207 thru S.S. 214 – Law Regulating Tanning Facilities.

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Individual
Or Corporate Name (Mandatory)

Social Security Number or
Federal Identification Number

This License will not be issued unless this certification clause is signed by the applicant. Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the Authority of Massachusetts General Laws – c. 62C s. 49A.

Check # _____ Dated _____
Cash _____ Received _____ Permit Mailed out _____