



# CITY OF WALTHAM

MASSACHUSETTS

BOARD OF HEALTH

JOHN P. ZUPPE  
DIRECTOR OF PUBLIC HEALTH

I hereby make an application for a license to operate a  
**Tanning Facility**  
in the City of Waltham

**Application and Fee must be received by  
the Health Department before 06/15/2016  
(Your current License expires 06/30/2016)**

**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:  
\_\_\_\_\_

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.