

Town of Dedham

Board of Health 450 Washington St Dedham, MA 02026 P: (781) 751-9220 F: (781) 751-9229

www.dedham-ma.gov



Tanning Establishment Permit Application

Fee : \$200 flat fee and an additional \$25.00 per booth/	bed
Establishment Information:	Owner Information:
Name:	
Address:	Address:
Dedham, MA 02026	
Email:	
Phone #:	
Contact person:	
Phone #:	
Emergency #:	
Tanning Device(s):	
Manufacturer:	Manufacturer:
Make:	Make:
Model/Model year:	Model/Model year:
Number of Units:	Number of Units:
Manufacturer:	Manufacturer:
Make:	Make:
Model/Model year:	Model/Model year:
Number of Units:	Number of Units:
Number of Employees:	
Type of sanitizer/disinfectant used for contact surface	s:
The following must be submitted with the application:	
Proof of Training	
Tanning booths/beds	
Copy of warning signs	
Copy of operating and safety procedures	
Copy of injury report form	
Consent form	
Liability insurance	
By signing you are confirming that you have read and u	nderstand the 105 CMR 123.000 Tanning Facilities. You
	Town of Dedham Board of Health. If your establishment
is in non-compliance of these regulations you may h	,
Applicant/Owners Signature I	Date FID# or SS#