

HEALTH DEPARTMENT
484 Broadway, Room 20
Everett, MA 02149
(617) 394-2255

STEVE SUPINO
EXECUTIVE DIRECTOR OF
HEALTH & HUMAN SERVICES

CITY OF EVERETT
MASSACHUSETTS



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TANNING FACILITY APPLICATION – RENEWAL

Permit Fee: \$50.00

Name of Facility: _____

Business Address: _____

Mailing Address if Different: _____

Business Phone: _____

Owner Name: _____

Owner Address: _____

Home Phone: _____ Cell Phone: _____

Days & Hours of Operation: _____

Types of Tanning Devices Available: (beds, booths, spray, etc.): _____

Indicate below if there are any changes from last year's permit application re: 1) tanning device supplier's name and address; 2) business name of installer; 3) date of installation of each new tanning device; or 4) service agent of tanning device.

Signature of Operator

Date