

OFFICE OF THE  
**Board Of Health**  
13 East Central Street.  
Natick, Massachusetts 01760  
Phone-508-647-6460 \* Fax 508-647-6466

NO:

**FEE: \$300.00**

To the Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto

---

(Full name of person, firm or corporation making application)

State clearly  
purpose for  
which license is  
requested

---

TO OPERATE A TANNING FACILITY

---

Give location by  
street and  
number

Mailing  
Address if  
different

Telephone Number \_\_\_\_\_

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)

---

BY CORPORATE OFFICER  
(MANDATORY, IF APPLICABLE)

---

\*\*SOCIAL SECURITY # ( VOLUNTARY)  
OR FEDERAL ID NUMBER

---

SIGNATURE OF APPLICANT

\* This License will not be issued unless the applicant signs this certification clause.

\*\* 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 status will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62Cs. 49A.