



TOWN OF YARMOUTH

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Board of
Health
-
Health
Division

SUN TANNING ESTABLISHMENTS APPLICATION FOR LICENSE/PERMIT - 2020

Name of Establishment: _____ Tax ID (FEIN or SSN): _____

Address: _____

Telephone No.: _____ E-mail: _____

Mailing Address (If different from above): _____

Owner/Corporation Name: _____ Telephone No.: _____

Owner/Corporation Address: _____

Manager's Name: _____ Telephone No.: _____

Manager's Address: _____

Under Chapter 152, Sec. 25C, subsection 6, the Town of Yarmouth is now required to hold issuance or renewal of any license or permit to operate a business if a person or company does not have a certificate of Worker's Compensation Insurance. **The attached State Worker's Compensation Insurance Affidavit must be completed and signed.**

Town of Yarmouth taxes and liens must be paid prior to renewal or issuance of your permits. **Please check appropriately if paid: yes _____ no _____**

LICENSE/PERMIT REQUIRED:

Fee: \$55.00 per device

OF TANNING BEDS: _____ # OF OTHER TANNING DEVICES _____ TOTAL _____

TANNING DEVICE INFORMATION:

<u>Manufacturer</u>	<u>Model Number</u>	<u>Serial Number</u>	<u>Type of Bulb</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notice:

PERMITS RUN ANNUALLY from January 1 to December 31. It is **your responsibility** to return the completed application(s) and required fee(s) by December 31. Failure to do so will result in closure of your establishment until the required application(s) and fee(s) are received. A hearing before the Board of Health may be required prior to reopening.

DATE: _____ SIGNATURE: _____