

TOWN OF WILBRAHAM
240 Springfield Street
Wilbraham, Massachusetts 01095



REGULATIONS and APPLICATION
License for Tanning Facilities

1. No person shall conduct a tanning facility, or advertise as being engaged in the business of tanning without first receiving a license from the Board of Health.
2. Each applicant for a license to operate a tanning facility, shall be over 21 years of age, a citizen of the United States, of good moral character, and shall be a resident of Wilbraham or a neighboring town.
3. Each applicant shall present to the Board of Health an application, with three letters of recommendation stating the applicant is considered a person of good character.
4. Each applicant shall present to the Board of Health evidence of training and experience.
5. Each premise used as a facility for a tanning facility, shall be approved by the Board of Health or its Agent, and shall be open to inspection by the Board of Health at all times.
6. The annual fees for either license is \$50.00.
7. The Board of Health may suspend or revoke any license to operate a tanning facility, granted by it, for such cause as it deems sufficient, and without a hearing.
8. The operator of a tanning facility shall comply with all provisions of the Massachusetts General Law, Chapter 111, Sections 207-211.

SUBMIT THE FOLLOWING WITH YOUR APPLICATION:

- Written statements of at least three persons, preferably residents of Wilbraham or neighboring towns, as to the good moral character of the applicant.
- A birth certificate
- A high school or other diplomas or certificates received by the applicant, substantiating educational requirements for licensing.
- A current photograph, at least 2" x 2" in size.
- A certificate from a physician, stating that the applicant has been examined and found to be free of any contagious or communicable disease(s) and showing that the examination was conducted within sixty (60) days prior to submission of this application.
- Tanning facility applicants shall submit the supplementary application with information about the tanning equipment and safe operations.

APPLICATION TO OPERATE TANNING FACILITY

Name: _____

Residential address: _____

Mailing address if different: _____

Telephone Number: _____

Most recent previous address: _____

Next previous address: _____

Height: _____ Weight: _____ Hair color: _____ Eye color: _____

1. Education:

level	name & address of school	course of study	dates attended	years completed	diploma or degree earned
Elementary				5 6 7 8	
High School				1 2 3 4	
College				1 2 3 4	
Other				1 2 3 4	

2. Business, occupation, or employment for the three years immediately preceding the date of this application. List below, beginning with the most recent.

Company Name, Address and Type of Business	Dates (from - to)	Describe type of work	Reason for Leaving	Name of Supervisor
name address type				
name address type				
name address type				

3. Describe the location where the tanning facility will be located in the Town of Wilbraham, including street and number, name of business:

5. Give details of current or previous licenses to operate a tanning facility:

Name & address of Establishment	Dates (from - to)	Current Status of the License	Reason for Lapse or Termination

6. Have you ever had a license tanning revoked? YES NO.

If yes, give details of suspension, including jurisdiction, dates and circumstances: _____

7. Have you ever been convicted of any violation of any statutes, ordinances, or rules and regulations by a court of competent jurisdiction? YES NO.

If yes, give details, including jurisdiction, dates and circumstances of conviction: _____

8. Names, addresses and occupations of three persons (not former employers or relatives), from the Wilbraham or Central Massachusetts area, submitting statements with this application as to your moral character:

name	address	occupation	telephone

9. The facts set forth in the above application statements are true and complete. I understand that false statements on this application shall be considered cause for denial or revocation of a license.

I hereby certify and swear under the penalties of perjury that the license requested for the operation of tanning facilities will be according to all information as submitted with the original application, for the same licensee and at the same location which was the basis for the prior year license. I further affirm that the licensee has complied with all local and state laws and regulations relative to the operation of tanning facilities.

Pursuant to Mass. General Laws, Chapter 62C, Section 49A, 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

SSN or Federal ID Number

address

phone

TOWN OF WILBRAHAM
 240 Springfield Street
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OPERATORS OF TANNING EQUIPMENT and/or FACILITIES
 MUST PROVIDE THE FOLLOWING:

EQUIPMENT: Provide the following for each piece of equipment:

	Device #1	Device #2	Device #3
Manufacturer			
Model number			
Model year			
Serial number			
Type of UV lamp			
Supplier of the device			
Installer of the device			
Date installed			
Name, address and telephone of vendor who services the device			

Use additional pages as necessary.

CONSENT FORM: Provide a copy of the consent form used for patrons under the age of 17.

OPERATIONAL SAFETY: Provide a copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices.

CERTIFICATION

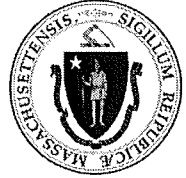
I _____ (printed name), have received a copy of Massachusetts Department of Public Regulations 105 CMR 123.000. I have read and understand the requirements of operation including warning signs, use of protective eyewear, equipment standards, the keeping of records, training and knowledge of the equipment, the reporting of injuries, sanitation, promotional literature, and required inspections.

Signed by applicant (owner/operator of facility) _____

Date: _____



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services
 200 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)
 Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

Town of Wilbraham is registered under the
 (Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Town of Wilbraham
 (Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Town of Wilbraham
 (Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Town of Wilbraham may conduct
 (Organization)
 subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that Town of Wilbraham, must first provide me
 (Organization)

with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number: ____ -- ____ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by: _____

Print Name of Verifying Employee

Signature of Verifying Employee _____
Date