Billerica Board of Health

Town Hall
365 Boston Road
Billerica, MA 01821
Phone: 978-671-0931 Fax 978-671-0919
Web Site www.town.billerica.ma.us

APPLICATION FOR SUNTANNING SALON ESTABLISHMENTS

Pursuant to Billerica Board of Health Regulations Chapter 3, Section 3.10.009

PLEASE PRINT

FEE 1-2 booths $50.00
each add'l booth $10.00

___ NEW ___ RENEWAL DATE _____

NAME OF ESTABLISHMENT _____TEL #_____

ADDRESS OF ESTABLISHMENT_____
MAILING ADDRESS (IF DIFFERENT)_____
EMAIL ADDRESS_____
NAME OF OWNER _____
OWNER ADDRESS _____
HOME TELEPHONE NUMBER _____
Days & Hours of Operation _____

NUMBER OF BEDS_____ NUMBER OF BOOTHS _____ TOTAL # OF BEDS/BOOTHS _____

1-2 BEDS/BOOTHS = $50.00 + _____ = _____ TOTAL FEE DUE

Pursuant to Billerica Health Regulations, Chapter 1, Section 1.9.001 this application is subject to a thirty (30) day review and approval period.

LATE RENEWALS WILL BE ASSESSED A LATE FEE IN ACCORDANCE WITH THE MOST CURRENT BOARD OF HEALTH FEE SCHEDULE. LATE FEES ARE EQUAL TO THE ORIGINAL PERMIT FEE. FAILURE TO TAKE APPROPRIATE ACTION TO RENEW PERMITS MAY RESULT IN ADDITIONAL FEES OR FINES TO BE IMPOSED OR OTHER ADMINISTRATIVE ACTION.

Pursuant to Massachusetts General Law 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 taxes required under the law.

_____
Print Name of Applicant

_____
Signature of Applicant Date

_____
Social Security # / Federal Identification #

RECEIVED