



***Town of Erving***  
***Application for Permit to Operate a***  
***Tanning Facility***

Fee: \$25.00

Permit #:

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address of Business: \_\_\_\_\_

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

If a corporation or partnership; give names, titles and home address of officer and/or partners:

State of Incorporation: \_\_\_\_\_

Name and address of local agent: \_\_\_\_\_

**Type of Establishment (check all that apply):**

- ( ) Residential                      ( ) Entertainment Facility  
( ) Tanning Only  
( ) Beauty Salon

**Additional Information:**

Water source: ( ) Private ( ) Public

Septic: ( ) Private ( ) Public

Dates of operation if not annual: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Social Security # \_\_\_\_\_

Board of Health USE ONLY

Year: \_\_\_\_\_ Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount Received: \_\_\_\_\_

B.O.H. Signature (or authorized official): \_\_\_\_\_

*Please make checks payable to the Town of Erving*