



# Town of Wilmington Board of Health

## Application for Tanning Facility License 2015 Fee \$100.00

Date \_\_\_\_\_

To the Licensing Authorities:

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

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

Address: \_\_\_\_\_  
(Full name of person, firm or corporation making application)

GIVE LOCATION  
BY STREET  
AND NUMBER

AT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

in said Town of Wilmington, MA, in accordance with the rules and regulations made under authority of said Statutes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-mal address

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Federal I.D.

Office Use Only	
Date Received:	_____
Amount Paid:	_____
Check Number:	_____
Permit Number:	_____
Received By:	_____
_____ Signature of Town of Wilmington Treasurer	