



**Department of Inspectional Services
Worcester, Massachusetts**

**John R. Kelly,
Commissioner**

**Amanda M. Wilson, Director
Housing/Health Inspections**

**Tanning Establishment
“Permit To Operate”
Application Instructions**

- ✓ Complete the application.
- ✓ Complete the “Certificate of Compliance” with “Worcester’s Revised Ordinance” governing revenue collection.
- ✓ Complete the “Certificate of Compliance” proving compliance with the “Workers’ Compensation Act”. Have this completed form notarized.
- ✓ Check- Make check or money order payable to the City of Worcester in the application amount of \$200.00. Mail said check, along with the completed application information, to:

The Department of Inspectional Services
25 Meade Street
Worcester, MA 01610
Attn: E. Giorgio

- ✓ Cash- Please do not send cash through the mail. Bring completed application to our 25 Meade Street location along with the EXACT AMOUNT of the \$200.00 application fee. We do not have the ability to make change.



**Department of Inspectional Services
Worcester, Massachusetts**

John R. Kelly
Commissioner/
Building Commissioner

Amanda M. Wilson, Director
Housing/Health Inspections

**Renewal Application
Operation of a Tanning Facility
Worcester, MA**

In accordance with Chapter 140, Section 51-53 of the Massachusetts General Laws, the undersigned hereby submits the following:

Full name of Applicant: _____

Signature: _____ Date: _____

Home Address: _____ Worcester, MA _____
Street City Zip Code

Business Name: _____

Business Address: _____ Worcester, MA _____
Street City Zip Code

Business Phone: _____ Email: _____

.....
For Office Use Only

Inspected By: _____ Date: _____

Approved: _____ Disapproved: _____

Reasons for Disapproval: _____

If a corporation or partnership, give name, title & home address of officers or partners:

NAME

TITLE

HOME ADDRESS

STATE OF INCORPORATION: _____

NUMBER OF TANNING DEVICES IN THIS ESTABLISHMENT: _____

Pursuant to M.G.L. Ch. 62C, sec. 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.

Social Security # Federal I.D. #

Signature of Applicant

Date

by Corporate Officer (if app.)

**CERTIFICATION OF COMPLIANCE WITH WORCESTER
REVISED ORDINANCE GOVENING REVENUE COLLECTION**

Pursuant to M.G. L. c.40, Section 57 and Worcester Revised Ordinances, Chapter 11, Article 2, Section 1, ET. Seq. I hereby certify, under pains and penalties of perjury, that the undersigned applicant, and all parties having an ownership interest therein, has complied with the laws of the Commonwealth of Massachusetts and the City of Worcester regarding payment of all local taxes, fees, assessments, betterments or any other municipal charges of any kind.

**GIVE FULL NAMES AND RESIDENCES OF ALL PERSONS AND PARTIES
INTERESTED IN THE APPLICATION**

(Give first and last name in full; in case of a corporation give names of President, Treasurer and Manager: and in case of firms, give names of individual members).

1) If a Proprietorship:

Name of Owner: _____

Business Address: _____

Home Address: _____

Business Address: _____

2) If a Partnership:

Full Name and Addresses of all Partners:

NAMES

ADDRESS

Business Address: _____

Business Phone: _____

3) If a Corporation:

Full Legal Names:

State of Incorporation: _____

Principal Place of Business: _____

Officers of Corporation:

NAME

TITLE

4) If a Trust:

Name of Trust: _____

Business Address: _____

Names of Trustees: _____ Address: _____

(USE ADDITIONAL SHEETS IF NECESSARY)

DATED THIS

DAY OF

BY

NAME: _____

TITLE: _____

BUSINESS ADDRESS: _____

SOCIAL SECURITY OR FEDERAL IDENTIFICATION NUMBER: _____

**CERTIFICATE OF COMPLIANCE
PROVING COMPLIANCE WITH THE WORKERS' COMPENSATION ACT**

Section 25C of Chapter 152 of the Massachusetts General Laws requires the every local licensing agency shall withhold the issuance or renewal of a license or renewal of a license or permit to operate a business or to construct buildings in the Commonwealth until it has received acceptable evidence of compliance with the Worker' Compensation Insurance coverage required by law.

As a person or company seeking a license or permit to operate a business or to construct buildings, or the renewal of such a license or permit, you must supply on of the following by attaching it to the Certificate of Compliance.

IF YOU HAVE EMPLOYEES:

- I submit a Certificate of Insurance showing Workers' Compensation Insurance or a copy of a policy of Workers' Compensation in effect as of the date upon which the issuance or renewal of the license or permit is requested.

IF YOU DO NOT HAVE EMPLOYEES:

In certain circumstances, listed below, Workers' Compensation Insurance is no required. If one of the situations applies to you, please check off the appropriate exemption. A notary must sign this sworn statement. DO NOT sign the form until told to do so by the Notary Public.

Commonwealth of Massachusetts)
County of Worcester) SS

- I am self-employed and have no employees who work for me, and do all the work of my business, named: _____ at _____, Worcester myself. Therefore, I am not required to obtain Workers' Compensation Insurance.

OR

- I and _____ are the owners of the business named _____ at _____, Worcester and we have no employees. Therefore, we are not required to obtain Workers' Compensation.

I certify that the above is true and correct under the pains and penalties of perjury this _____ day of _____, 20_____.

Signature

On this _____ day of _____, 20_____, before me, the undersign notary public, personally appeared _____, proven to me through satisfactory evidence of identification, which was _____ to be the person whose name is signed on this document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her belief.

Notary Public

My commission expires: _____