

## Springfield Department of Health/Human Services Division of Environmental Health 311 State Street Springfield, MA 01105 (413) 787-6740

## **HEALTH CLUB ESTABLISHMENT AND/OR TANNING FACILITY**

NEW	RENEWAL				
		City of Springfield an	d return with thi	is application to	
PERMIT(S) REC		_\$200.00 PER YEAI _\$200.00 PER YEAF			
PLEASE PRINT ESTABLISHME	-				
ADDRESS:	STREET		CTATE	71D CODE	
	SIKEEI	CITY	SIAIE	ZIP CODE	
NAME OF OWN	ER:				
MAILING ADDR	RESS:				
	STREET		STATE	ZIP CODE	
WHICH LICENSE STATEMENTS O ORIGINAL APPLI CHANGES OR M MAY BE PROVID APPLICATION FO	WAS ISSUED CONTING R FAILURE TO REPORT ICATION SHALL BE CO ODIFICATIONS TO IN DED BY FILLING IN OF	IATION STATED IN THUES TO BE CORRECT. T CHANGES IN THE INITIAL THE	I UNDERSTAND FORMATION STAR REVOCATION OF THE ORIGINAL OR	THAT FALSE ATED IN MY OF LICENSE. (ANY L APPLICATION NAL	
DATE		APPLICANT SIGNATURE			
SS# OR ID#		TITLE	TITLE OF APPLICANT		