

Town of South Hadley

Board of Health



116 Main Street • Suite 102 • South Hadley, MA 01075
Phone (413) 538-5017, Ext. 204 • Fax (413) 538-5012

FEE – See schedule

TOWN OF SOUTH HADLEY BOARD OF HEALTH APPLICATION FOR PERMIT TO OPERATE TANNING FACILITY

In accordance with M.G.L. Chapter 111, Section 208 through 214, the undersigned hereby applies for a permit to operate a Tanning Facility.

PLEASE PRINT OR TYPE

Date: _____
Establishment Name: _____
Business Address: _____
Telephone #: _____
Name of Owner: _____
Mailing Address _____
Street City Zip
Name of Manager _____
Address: _____

The manufacturer, model number, model year, serial number (if available) and type of each ultraviolet lamp or tanning device located within the facility

The name and addresses of tanning device supplier, installer, date of installation of each tanning device, and service agent

A copy of the consent forms to be used by the facility in fulfilling the requirement of 105CMR 123.003 (D)(2) and (3): see highlighted section of attached regulations

A copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices

A list of operators who have been trained and are sufficiently knowledgeable in the correct operation of tanning devices used and the facility

Days of Operation: Sun Mon Tue Wed Thu Fri Sat

Hours of Operation: _____ - _____ Explain: _____

Clients: _____ Male Female Male & Female

#Bathroom Facilities: _____

U.S.E.P.A. registered sanitizer _____

I have received, read and understand the requirements of 105 CMR 123.000

Signed

If any information as provided on this application changes, notification of such changes will be made to the South Hadley Board of Health prior to change implementation.

PURSUANT TO M.G.L. CHAPTER 62c, SECTION 49a, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

APPLICATION FEE IS NON-REFUNDABLE. RENEWAL DUE BY DECEMBER 31ST.

Social Security Number or
Federal I.D. Number

Corporate Name/Signature of Applicant