

**FEE - \$75.00**

**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** \_\_\_\_\_  

	<b>Street</b>	<b>City</b>	<b>Zip</b>
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**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**

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

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**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**

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

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

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**Days and Hours Operation:**

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**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 31<sup>ST</sup>.**

\_\_\_\_\_  
**Social Security Number or Federal I.D. Number**

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**Corporate Name/Signature of Applicant**