

ABOVE FOR OFFICE USE ONLY



**CITY OF CHICOPEE BOARD OF HEALTH  
APPLICATION TO OPERATE A SUNTANNING FACILITY  
2021**

Chicopee Health Department  
115 Baskin Drive, Chicopee, MA 01020  
(413) 594-3557

Name of Establishment \_\_\_\_\_ Date \_\_\_\_\_  
Business Address \_\_\_\_\_ Business Phone # \_\_\_\_\_  
Mailing Address (If Different) \_\_\_\_\_  
Name of Owner \_\_\_\_\_ Owner's Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Fax # \_\_\_\_\_

**COMPLETE THE FOLLOWING:**

1) List the manufacturer, model number, model year, serial number (if available) and type of each ultra violet lamp or tanning device located within the facility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) List the name and address of the tanning device supplier, installer, date of installation of each tanning device, and service agent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) List the names of operators who have been trained and are sufficiently knowledgeable in the correct operation of tanning devices used at the facility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) List the Days and Hours of operation:

M: \_\_\_\_\_ T: \_\_\_\_\_ W: \_\_\_\_\_ Th: \_\_\_\_\_ F: \_\_\_\_\_ Sa: \_\_\_\_\_ Su: \_\_\_\_\_

- ✓ Attach a copy of the consent forms to be used by the facility in fulfilling the requirements of 105 CMR 123.003(D) (2) and (3).
- ✓ Attach a copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices.

**APPLICATIONS RECEIVED AFTER NOVEMBER 30<sup>TH</sup> WILL BE SUBJECT TO A \$100.00 LATE FEE.**

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with the regulations set forth in 105 CMR 123.000. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information.

\_\_\_\_\_  
SOCIAL SECURITY OR FEDERAL ID NUMBER

\_\_\_\_\_  
SIGNATURE OF APPLICANT

CHECK OR MONEY ORDER ONLY

MAKE PAYABLE TO: THE CITY OF CHICOPEE

NO REFUNDS