

Date Received _____

Check # _____

FEE: \$200.00

Total Amount: _____

Permit # _____

ABOVE FOR OFFICE USE ONLY



**CITY OF CHICOPEE BOARD OF HEALTH
APPLICATION TO OPERATE A SUNTANNING FACILITY
2020**

Chicopee Health Department
115 Baskin Drive
Chicopee, MA 01020
(413) 594-1660 x 376

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 30TH 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