



TOWN OF SOUTHWICK BOARD OF HEALTH
APPLICATION TO OPERATE A SUNTANNING FACILITY
2024

Southwick Board of Health
 454 College Highway
 Southwick, MA 01077
 (413) 569-1212

Name of Establishment _____
 Business Address _____ Business Phone _____
 Mailing Address (if different) _____
 Name of Owner _____ Owner's Phone _____
 Address of Owner (if different) _____
 Email _____ Fax _____

COMPLETE THE FOLLOWING:

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

Manufacturer	Model Number	Model Year	Serial Number	Device

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

Name of Supplier	Address	Installer	Installation Date	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.

Sign on reverse side

PLEASE SUBMIT THE COMPLETED APPLICATION WITH REQUIRED DOCUMENTATION AND PAYMENT BY DECEMBER 1st. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

ANY FACILITY THAT HAS NOT SUBMITTED A COMPLETE RENEWAL APPLICATION WITH REQUIRED DOCUMENTATION AND PAYMENT BY DECEMBER 31st, WILL BE CONSIDERED OPERATING WITHOUT A PERMIT AND ORDERED TO CLOSE UNTIL ALL THE PROPER PAPERWORK IS SUBMITTED.

APPLICATION FEE: \$ 100.00

I hereby certify that I am an owner or officer of the above business and all 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 agent's access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

SIGNATURE OF OWNER OR OFFICER

DATE

CHECK OR MONEY ORDER

MAKE PAYABLE TO: Town of Southwick

NO REFUNDS