



# Hadley Board of Health

100 Middle Street 1st Floor Hadley, MA 01035

Email - [health@hadleyma.org](mailto:health@hadleyma.org)

Phone - 413-584-4562



**Public Health**  
Prevent. Promote. Protect.

## APPLICATION FOR PERMIT TO OPERATE A TANNING FACILITY

Application Type:     New Application         Renewal (Previous Permit # \_\_\_\_\_)

Name of Establishment: \_\_\_\_\_ Tel #: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

Name of Owner Applicant: \_\_\_\_\_ Tel #: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

**Tanning Device Information-** Please state the Name and Address for the following:

	Tanning Device #1	Tanning Device #2	Tanning Device #3
Tanning Service Supplier			
Installer			
Servicing Agent			

Identify each ultraviolet lamp of tanning device located within the facility. (Attach additional pages as needed)

	Tanning Device #1	Tanning Device #2	Tanning Device #3
Type			
Manufacturer			
Model Number			
Model year			
Serial Number			
Date of Installation			



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<p><b>New applicants ONLY - Attach copies of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tanning facility's operating and safety procedures</li> <li><input type="checkbox"/> Tanning facility's consent form, as specified under 105 CMR 123.003(D)(2) and (3)</li> </ul>	<p><b>Are eye cups/goggles offered to clients/customers (either for free or sold):</b></p> <p style="text-align: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
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### Tanning Facility Permit Fee:

Total Permit Cost is \$200.00 for the establishment plus \$75.00 for each tanning device.

Number of Tanning Devices		
Fee Per Device	X	\$75.00
Cost for Devices		
Establishment Fee	+	\$200.00
<b>Total Permit Fee</b>	<b>\$</b>	<b>.00</b>

**Mail: Completed application & payment for annual permit payable to "Town of Hadley" to the: Town of Hadley – Board of Health 100 Middle Street Hadley, MA 01035**

### Application Statement of Consent:

I have read the Massachusetts Department of Public Health's Tanning Facility Regulations (105 CMR 123.000). I understand the obligations and requirements imposed upon a permitted Tanning Facility by those regulations. I agree to comply with all of the regulatory requirements specified in 105 CMR 123.000 while operating a Tanning Facility in the Town of Hadley. I further understand that it is my responsibility to ensure that employees working in this Tanning Facility comply with all applicable health, safety, sanitation, sterilization, and work practice regulations as specified in 105 CMR 123.000.

Signature of Tanning Establishment Applicant: \_\_\_\_\_

Social Security of Federal ID Number: \_\_\_\_\_

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.