



STATUTORY INSTRUMENTS.

**S.I. No. 52 of 2015**



PUBLIC HEALTH (SUNBEDS) (NOTIFICATION) REGULATIONS 2015

## PUBLIC HEALTH (SUNBEDS) (NOTIFICATION) REGULATIONS 2015

I, LEO VARADKAR, Minister for Health, in exercise of the powers conferred on me by sections 2 and 13 of the Public Health (Sunbeds) Act 2014 (No. 12 of 2014), hereby make the following regulations:

1. These Regulations may be cited as the Public Health (Sunbeds) (Notification) Regulations 2015.

2. These Regulations come into operation on 2 March 2015.

3. In these Regulations, “Act” means the Public Health (Sunbeds) Act 2014 (No. 12 of 2014).

4. (1) The form set out in the Schedule is prescribed, for the purposes of section 13(2), (3), (4) and (7) of the Act, as the form of the notice to be provided by the owner of a sunbed business, a person who intends to carry on a sunbed business or a new owner to whom a sunbed business has been transferred.

(2) Notwithstanding paragraph (1), the information in the form prescribed under that paragraph in relation to training shall not be required where the notice is provided before the coming into operation of section 14 of the Act.

5. (1) A fee of €120 is prescribed in respect of each premises, for the purposes of section 13(6) of the Act, for the purpose of the establishment and maintenance of the Sunbed Business Notification List and to contribute to the expenses of carrying out of investigations under and the enforcement of the Act.

(2) The fee prescribed in paragraph (1) shall accompany a notice under section 13(2), (3) or (4) of the Act and thereafter shall be paid in respect of each premises, on an annual basis, on or before 1 March each year, by every owner of a sunbed business providing sunbeds for use, sale or hire on such date.

*Notice of the making of this Statutory Instrument was published in  
“Iris Oifigiúil” of 13th February, 2015.*

## SCHEDULE

## Regulation 4

**SUNBED BUSINESS NOTIFICATION FORM (Section 13) — Public Health (Sunbeds) Act 2014**

This form is to be completed and returned to the HSE Office indicated below. Any questions relating to notification should be directed to that Office. Guidance on completing the form is also provided below.

**Please complete this form in BLOCK CAPITALS**

a. Name of Sunbed Premises (Trading Name) <sup>1</sup>	
b. Trading Address (or address at which movable establishment is kept) <sup>2</sup>	Contact Telephone Number:
	E-mail Address:
	Vehicle Registration Number (if applicable):
	Website:
c. Category of Business: Use on site <input type="checkbox"/> Hire <input type="checkbox"/> Sale <input type="checkbox"/> Online <input type="checkbox"/>	
d. Classification of Business: Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/>	
Is the business a registered company? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If company, complete section (e) and go to (i) If sole trader, complete sections (f) and (g) and go to (i) <b>If partnership, complete sections (f) to (h) and go to (i)</b>	
e. Registered Company <sup>3</sup>	Company Name:
	Company Address:
	Company Registration Office (CRO) Number:
	Contact Name:
	Contact Telephone Number:
	E-mail Address:
f. Name of Sole Trader or Partnership <sup>4</sup>	Title:
	Forename:
	Surname:
g. Address of Sole Trader or Partnership <sup>5</sup>	

h. Name and Address of Partners <sup>6</sup>	
i. Business Type:	Hotel <input type="checkbox"/> Leisure Centre <input type="checkbox"/> Beauty Salon <input type="checkbox"/> Gym <input type="checkbox"/> Hairdresser/barber <input type="checkbox"/> Mobile Unit <input type="checkbox"/> Launderette <input type="checkbox"/> Despatch Centre <input type="checkbox"/> Online <input type="checkbox"/> Sunbed Business Only <input type="checkbox"/> <sup>7</sup> Other If Other, Specify .....
j. Is the sunbed business located within a domestic dwelling? YES <input type="checkbox"/> NO <input type="checkbox"/>	
k. Purpose of Notification:	Existing Business <input type="checkbox"/> New Business <input type="checkbox"/> Transferred Business <input type="checkbox"/> Renewal <input type="checkbox"/> Existing Notification Number (if applicable) <sup>8</sup> :
l. Date of Transfer of Sunbed Business <sup>9</sup>	
m. Date of Commencement of New Business <sup>10</sup>	
n. Business Activity <sup>11</sup>	Sunbeds available for sale Yes/No Total No. of Sunbeds: Sunbeds for use on premises Yes/No Total No. of Sunbeds: Sunbeds for hire <sup>12</sup> Yes/No Total No. of Sunbeds: Sunbeds currently on hire Yes/No Total No. of Sunbeds: Self-service sunbeds <sup>13</sup> Yes/No
o. Sunbed Training <sup>14</sup>	Yes/No: No of personnel trained:
p. Trading Hours/Season <sup>15</sup>	
q. Have you any other sunbed businesses or sunbed premises operating within the Republic of Ireland? YES <input type="checkbox"/> NO <input type="checkbox"/>	
r. If yes, provide details	

Name (BLOCK CAPITALS):

Signed<sup>16</sup>:

Date:

If the application is in respect of a limited company, this form should be signed by the Company Secretary. Otherwise the sole trader or partner (in the case of a partnership) must sign the form.

Contact Details of HSE Office this form should be returned to:

Name:

Address:

Telephone Number:

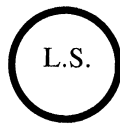
E-mail Address:

### Guidance on completion of Sunbed Business Notification Form

1. **Trading Name:** ‘sunbed business’ is defined in section 1 of the Public Health (Sunbeds) Act 2014 and includes a business which advertises or promotes the use, sale or hire of sunbeds.
2. **Trading Address:** This is the full postal address — including number, street and town — of the premises where the “sunbed business” is carried out. Where the sunbed business involves a movable establishment (e.g. van, etc.) this will be the address where it is kept and the vehicle registration number if appropriate is required. Contact details and website details are also required.
3. **Registered Company Details:** This is the registered company name, the Companies Registration Office (CRO) number (not the VAT number) and the registered address. Contact details are also required.
4. **Name of Sole Trader or Partnership:** This section should be completed by sole traders or partnerships. The full name of the owner (‘natural person’) must be given. Where a partnership operates the sunbed business, the name of the partnership must be given.
5. **Address of Sole Trader or Partnership:** The address will be the address of the sole trader or the address of the partnership. (Note: the sunbed business owner is not necessarily the owner of the building).
6. **Name and Address of Each Partner:** If the information does not fit in the space provided, it should be provided on a separate page and attached to the form.
7. **Sunbed Business Only:** This relates to those businesses who exclusively offer the sale, hire and use (on sunbed premises) of sunbeds and related services and no other business activity.
8. **Existing Notification Number:** A sunbed business which has already notified the HSE will receive a notification number. Where the form is being completed in respect of a renewal, the existing notification number is required.
9. **Date of Transfer of Sunbed Business:** This should be notified to the HSE within 30 days of the transfer of the sunbed business.
10. **Date of Commencement of New Business:** This should be notified to the HSE 30 days before the new business commences.
11. **Business Activity:** Activities include any sunbed business where one or more sunbeds is made available for use and/or a business which sells or hires sunbeds.
12. **Sunbeds for Hire:** This is the number of sunbeds which are available for hire plus the number of sunbeds hired out when the form is being completed. For example, a sunbed premises with 10 sunbeds, of which 4 are hired out

would indicate on the form that “sunbeds for hire” is 10 and “sunbeds currently on hire” is 4.

13. **Self-service Sunbeds:** These are sunbeds which are operated by the user. Typically token or coin operated sunbeds would fall under this.
14. **Sunbed Training:** The information required is in relation to prescribed training under section 14. This section is required to be filled in when section 14 (training) has been commenced and the Regulations prescribing the training under this section has been introduced.
15. **Trading Hours/Season:** The likely opening period should be given e.g. hours/seasonal operational period.
16. **Signature:** The form must be signed declaring that the particulars furnished are correct.



GIVEN under my Official Seal,  
12 February 2015.

LEO VARADKAR,  
Minister for Health.

## EXPLANATORY NOTE

*(This note is not part of the Instrument and does not purport to be a legal interpretation.)*

These Regulations prescribe the form of the notice to be provided under section 13(2), (3) or (4) of the Public Health (Sunbeds) Act 2014. These Regulations prescribe the fee to be paid for the purpose of the establishment and maintenance of the Sunbed Business Notification List and to contribute to the expenses of carrying out of investigations under and the enforcement of the Act. These Regulations also prescribe the intervals at which the prescribed fee must be paid.

These Regulations may be cited as the Public Health (Sunbeds) (Notification) Regulations 2015 and come into operation on 2 March 2015.

BAILE ÁTHA CLIATH  
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR  
Le ceannach díreach ó  
FOILSEACHÁIN RIALTAIS,  
52 FAICHE STIABHNA, BAILE ÁTHA CLIATH 2  
(Teil: 01 - 6476834 nó 1890 213434; Fax: 01 - 6476843)  
nó trí aon díoltóir leabhar.

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