



Town of Sturbridge — Board of Health



Public Health
Prevent. Promote. Protect.

Application for Body Art Establishment Permit

Fee: \$200

Check to be made payable to: The Town of Sturbridge

Upon satisfactory review of the application and receipt of the Permit fee, a Body Art Establishment Permit will be issued by the Sturbridge Board of Health.

☐ **New Application**

☐ **Renewal**

1. Body Art Establishment Name: _____
2. Body Art Establishment Address: _____
3. Body Art Establishment Telephone: _____
4. Mailing Address (if different): _____
5. Body Art Establishment Applicant: _____
6. Address of Applicant: _____
7. Name of Owner (if different from applicant): _____
8. If corporation or partnership, list name, title and home address of officers or partners:

<u>Name</u>	<u>Title</u>	<u>Home Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
9. State of Incorporation: _____
10. Emergency Response Person:
Name _____
Emergency Telephone _____
11. Establishment Permit Type: ☐ Body Piercing (only)
☐ Tattooing, Branding and Scarification (only)
☐ Both

12. Establishment Hours of Operation:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

13. Provide the following:

- A. Scaled plans and specifications of the proposed Establishment to demonstrate compliance with the Body Art Regulations at the time of original application and upon any changes in Establishment layout.
- B. An occupancy and use permit as issued by the local building official. (6 D-4)
- C. Copy of Client Application and Consent Form for Body Art to be used within the Establishment (6 D-2)
- D. Copy of Aftercare Instructions to be used by the practitioners within the Establishment (7 K)
- E. Name and phone number of waste hauler that services Establishment: (A-8)

_____	_____
Name	Phone #

- G. Copy of contract with waste hauler (A-8)
- H. Name and phone number of waste hauler that services Establishment for contaminated waste and sharps: (B-1)

_____	_____
Name	Phone #

- I. Copy of contract with waste hauler that services establishment for contaminated Waste (B 1)
- J. Manufacturer, model#, model year & serial number of Autoclave or other approved sterilization unit: _____
- K. Name of private Laboratory that conducts testing of autoclave: (C 4)

- L. Copy of recent results of Autoclave testing (C 4)
- M. Copy of Employee Information Form (6 E-2)
- N. Copy of Establishment Information (6 E-1)
- O. Copy of Client Information Form (6 E-3)

P. Copy of Injury Report Form (8)

Q. Copy of Disclosure Statement

APPLICANT / BODY ART ESTABLISHMENT PERMIT STATEMENT OF CONSENT:

*I understand that this registration expires at the end of the calendar year. I understand that any notice required to be given by the Sturbridge Health Department to me may be given by mailing the notice to the address of the last place of business (establishment address) of which I have notified the Sturbridge Health Department. I have received a copy of the Town of Sturbridge Regulations for Body Art Establishments and Practitioners and a copy of 105 CMR 480. I agree to abide by these regulations and procedures. **I agree to post the following valid and updated documents conspicuously in my place of business at all time:***

- *Original Permits for all Body Art Practitioners working in the establishment, and*
- *Original Permit for Body Art Establishment*
- *Procedure for filing complaint with Sturbridge Board of Health*
- *An emergency plan*
- *Occupancy permit issued by the Building Inspector*
- *Copy of Disclosure Statement*

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way:

Date

Signature

Name and Title (Print)