



Application Number: _____

Date: _____

Boston Public Health Commission Body Art Establishment Permit Application

Building a Healthy Boston

Type of Application

- New application Resubmission Renewal

Ownership Information

First Name:	Middle Name:	Last Name:
Address:		
City:	State:	Zip Code:
Phone number () -		
Owner Social Security Number:		
Partnership: Yes _____ No _____	Corporation: Yes _____ No _____	
Partnership/Corporation Names & Titles:	Addresses:	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Establishment Information

Name of Establishment:		
Address :		
City:	State:	Zip Code:
Phone number () -		
Body Arts practiced at the Establishment:		
<input type="checkbox"/> Tattoo	<input type="checkbox"/> Piercing	<input type="checkbox"/> Other Types (Specify)
Hours of operation:		
Certificate of Occupancy Date and Number (provide a copy):		
Date of Site Inspection (<u>Office Use Only</u>)		

Required Documentation: Check off each required document that must be attached to this application

- Certificate of Occupancy
- Physical Floor Plan of the establishment
- Written Emergency Plan
- Manufacturer and Model Number for Sterilization units
- List of other multiple use equipment (include manufacturers and model numbers)
- Evidence of contract with an approved Contaminated Waste hauler in accordance with 105 CMR 480.000

Knowledge and or experience in or about:

(Office Use Only)

- Sterile Conditions
- Workstation Requirement
- Sterilization Procedures (Provide example)
- Client and Practitioner Health Related information
- The Body Art Regulations of the Boston Public Health Commission
- Record keeping requirements
- Waste hauling requirements

Fee for the amount of ----- was received at EHO.

Applicant Statement of Consent

I understand that this permit is valid only in the city of Boston and expires one year after the date that it is issued. I also understand that any notice to be mailed to me by the Boston Public Health Commission will be mailed to the address indicated on this application and a copy of such notice will also be mailed to the address of the Body Art Establishment that I have indicated above.

I have received a copy of the Boston Public Health Commission Body Art Regulations. I have read and understand the obligations and requirements imposed upon a licensed Body Art Establishment Owner/Operator by those regulations. I also agree to comply with all of the regulation requirements specified in the Boston Public Health Commission Body Art Regulations while practicing in the City of Boston.

I further understand that it is my responsibility to ensure that individual body art practitioners working in this establishment have a current valid Boston Public Health Commission Body Art Practitioner License and comply with all applicable health, safety, sanitation, sterilization, and work practices regulations as specified in the Boston Public Health Commission Body Art Regulations.

I hereby certify, under penalties and pains of perjury, that to the best of my knowledge the information provided on this application is complete and accurate and in no way misrepresented.

Signature of the applicant: _____ Date: _____

Full Name: _____

Please include a business check or money order (we cannot accept personal checks, cash, or credit cards) in the amount of \$250 for the application fee.