



## Boston Public Health Commission – Nail Salon Permit Application

**Instructions:** No permit will be issued until a complete application form (including all attachments and permit fee) has been submitted and a salon inspection verifies that all sections of the Boston Nail Salon Regulations have been met by the salon. Complete all sections of this form and mail with all attachments and check or money order for the permit fee to:

ATTN: Nail Salon Application  
Environmental Health Office  
Boston Public Health Commission  
1010 Massachusetts Avenue, 2<sup>nd</sup> Floor  
Boston, MA 02118  
617-534-5966

<b>Application Date:</b> <input type="text"/>	<b>Application Type (check one):</b>	<b>New</b>	<b>Renewal</b>
		<b>If Renewal, enter previous permit number:</b>	

**Salon Name:** \_\_\_\_\_ **Salon Phone Number:** \_\_\_\_\_

**Salon Address:** \_\_\_\_\_

<b>Services Offered:</b>	<input type="checkbox"/> Manicure/Nail Care	<b>Number Manicure Stations:</b>	<input type="text"/>
	<input type="checkbox"/> Tanning	<b>Number Foot Baths:</b>	<input type="text"/>
	<input type="checkbox"/> Hair Care/styling	<b>Total:</b>	<input type="text"/>
	<input type="checkbox"/> Waxing/hair removal		
	<input type="checkbox"/> Permanent Cosmetics/micropigmentation		
	<input type="checkbox"/> Spa services (massage, sauna, etc.)		
	<input type="checkbox"/> Other : _____		

**Manager Name:** \_\_\_\_\_

**Owner First Name:** \_\_\_\_\_ **Owner Last Name:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_  
Street (No P.O. Box) City/Town State ZIP Code

**Owner Phone Number:** \_\_\_\_\_ **Owner E-Mail:** \_\_\_\_\_

(If ownership is a partnership or corporation, list the name, address, and phone number of all partners or corporate officers on the back.)

I understand that all businesses offering cosmetic nail services in the city of Boston must do so in accordance with the Boston Public Health Commission (BPHC) Nail Salon Regulations. I understand that copies of the regulations and the guidelines to the regulations, as well as educational and assistance documents, are available through the BPHC web site and by request from the BPHC Environmental Health Office. I agree to abide by the BPHC Nail Salon Regulations in the operation of my business in addition to any requirements by other applicable local, state, and federal agencies including, but not limited to, the Boston Inspectional Services Department, the Boston Fire Department, and the Massachusetts Division of Professional Licensure Board of Cosmetology. I certify that all information contained in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Salon Owner

\_\_\_\_\_  
Date



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If ownership is a partnership or corporation, list the name, address, and phone number of all partners or corporate officers. Addresses must be physical addresses, no post office boxes.

**Name:**

**Address:**

**Phone #**

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**Attach Copies of the Following:**

- Salon Use and Occupancy Permit from Boston Inspectional Services Department
- Flammable Storage permit from Boston Fire Department
- Salon license from Board of Cosmetology
- Copies of cosmetology licenses for all persons working in the salon this year
- Written description of ventilation system and plan for improving indoor air quality in the salon
  - Check here to work with BPHC to develop a ventilation improvement plan

**Calculate Your Permit Fee:**

1. Total number of manicure stations and foot baths: \_\_\_\_\_
2. If line 1 is 4 or less, your permit fee is \$100
3. If line 1 is greater than 4, do the following:
  - a. Subtract 4 from line 1: \_\_\_\_\_
  - b. Multiply line a by \$20: \_\_\_\_\_
  - c. Add \$100 to line b: \_\_\_\_\_
4. Line c. is your permit fee

**For Office Use Only**

Date Received: \_\_\_\_\_ Documents Complete: Yes / No

Review and Data Entry by: \_\_\_\_\_

Date Passed Inspection: \_\_\_\_\_

Inspection Conducted by: \_\_\_\_\_

Permit Number Issued: \_\_\_\_\_