

TOWN OF EASTON



BOARD OF HEALTH

136 ELM STREET
NORTH EASTON, MA 02356-0129
Tel. (508) 230-0620

The Commonwealth of Massachusetts

APPLICATION FOR PERMIT TO OPERATE A
BODY ART ESTABLISHMENT

_____ 20____
(Date)

TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the Statutes relating thereto, application for a Body Art Establishment Permit is hereby made by

Name _____
(Full name of operator of the establishment)

Address: _____

Business Telephone: _____

Name of Establishment: _____

Business Address: _____

Business Telephone: _____

LIST PRACTITIONERS WORKING AT THE ESTABLISHMENT

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OVER

Please Provide the Following Information:

❖ Autoclave

Manufacturer: _____

Model Number: _____

Model Year: _____

Serial Number: _____

❖ A drawing of the floor plan of the establishment

❖ An exposure report plan

I, the undersigned, acknowledge that I have received, read and understand the requirements of the body art regulations.

(Signature of Applicant)

(Home Address)

(Home Telephone)

Fee: \$200.00 payable to the Town of Easton