

BOARD OF HEALTH – TOWN OF BELCHERTOWN

2 Jabish Street P.O. Box 670
Belchertown, MA 01007
Ph# (413)323-0406
Fx# (413) 323-9801

APPLICATION FOR PERMANENT COLOR / TATTOO / BODY ART FACILITY LICENSE

COMPLETE ALL PARTS OF THIS FORM. PLEASE TYPE OR PRINT IN BLACK OR BLUE INK. \Call the Board of Health Office if you have any questions. Incomplete applications will be returned. Use "N/A" to indicate information that is not applicable.

ENCLOSED PERMIT FEE of \$ _____ check made payable to the Town of Belchertown

◇ A TATTOO/BODY ART FACILITY LICENSE WILL **NOT** BE ISSUED UNTIL THE ESTABLISHMENT PASSES INSPECTION BY AN AGENT OF THE BELCHERTOWN BOARD OF HEALTH FOR COMPLIANCE WITH "REGULATIONS FOR BODY ART ESTABLISHMENTS" IN THE TOWN OF BELCHERTOWN.

INDICATE TYPE OF FACILITY:

Sole Proprietorship Partnership Corporation

Indicate type of art to be performed: Tattoo Piercing Scarification Branding

Name of facility

Scheduled opening date

Facility location *(Please include suite, space or room # if applicable)*

City

State

Zip Code

Business phone #

Home Phone #

Email Address

Facility Mailing Address *(If mail can not be delivered to the physical location of the facility)*

Owner *(Not the landlord)* Will you practice at this facility? Yes No Artist License #
Issued by Belchertown Board of Health

Co-owner *(If applicable)* Will you practice at this facility? Yes No Artist License #
Issued by Belchertown Board of Health

Registered agent *(if corporation)* Will you practice at this facility? Yes No Artist License #
Issued by Belchertown Board of Health

Facility Hours of Operation: _____

Provide the following:

- Scaled plans and specifications of the proposed facility to demonstrate compliance with the Body Art Regulation.
- The manufacturer, model number, model year and serial number of the autoclave used in the establishment.
- A signed and dated acknowledgement that the applicant has received read and understood the requirements of the Body Art Regulation.
- Copy of Client Application and Consent Form for Body Art to be used within the facility.
- Copy of aftercare instructions to be used by all practitioners within the facility.
- Name of waste hauler that services facility for contaminated waste and sharps.

Name: _____ Telephone # _____

Name & Telephone number of Emergency Response Person

Name: _____ Telephone # _____

APPLICANT / BODY ART FACILITY LICENSE STATEMENT OF CONSENT:

I have read the Regulations of the Health Department governing Body Art Establishments and agree to abide by these regulations and procedures.

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.

Signature: _____ Date: _____

Office Use Only:

OC Permit: _____ Date Received: _____ Hearing Date: _____ Decision: _____