Ashley Gough **Director of Public Health**

Town of Montague **Board of Health**

APPLICATION FOR BODY ART ESTABLISHMENT PERMIT

Complete & Return this Form with Registration Fee, Checks Made Payable To: Town of Montague

Upon satisfactory review of the application and receipt of the Permit fee, a numbered Establishment Permit will be issued by the Montague 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:

Name	Title	Home Address	Phone

9. State of Incorporation:
10. Emergency Response Person: Name:
11. Establishment Permit Type: □ Body Piercing □ Tattooing □ Branding □ Scarification
12. Establishment Hours of Operation: Sunday-Thursday: Friday & Saturday:

MONTAGUE TOWN HALL • ONE AVENUE A
TURNERS FALLS, MA 01376
PHONE: (413) 863-3200 EXT. 205 • FAX: (413) 863-3225

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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. Present original and provide copy of Business Certificate issued by the Town Clerk under the provisions of MGL c. 110 § 5.

C. Copy of Client Application and Consent form of Body Art to be used within the Establishment.

D. Copy of Aftercare Instruction to be used by the Practitioners within the Establishment.

E. Copy of Establishment's Exposure Control Plan.

F. Name and phone number of waste hauler that services Establishment.

Name Phone

G. Copy of contract with waste hauler

H. Name and phone number of waste hauler that services Establishment for contaminated waste and Sharps.

Name Phone

I. Copy of contract with waste hauler that services establishment for contaminated waste.

J. Manufacturer, model #, model year & serial number of Autoclave or other approved sterilization unit:

K. Name of private laboratory that conducts testing of Autoclave:

L. Copy of recent results of Autoclave testing.

M. Copy of Employee Information Form.

N. Copy of Establishment Information (6E-1).

O. Copy of Exposure Incident Report.

P. Copy of Injury Report Form.

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APPLICANT/BODY ART ESTABLISHMENT PERMIT STATEMENT OF CONSENT:

I understand that this registration expires one year from the date of issue. I understand that any notice required to be given by the Montague Board of Health 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 Montague Board of Health. I have received a copy of the Town of Montague Rules and Regulations for Body art Establishment and practitioners and a copy of the 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 times:

- Original Permits for all Body Art Practitioners working in the establishment.
- Original Permit for Body Art Establishment.
- Procedure for filing complaint with Montague Board of Health.
- An emergency plan.
- Occupancy permit issued by the Building Inspector.

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 & Title (Print)

OFFICE USE ONLY **ESTABLISHMENT INSPECTION DATE:**

INSPECTOR:

APPROVED, EFFECTIVE DATE: _____ PERMIT NO. _____

FEE PAID:

DISAPPROVED, COMMENT: