



BOARD OF HEALTH

78 Main Street, Hudson, Massachusetts 01749
 Phone (978) 562-2020
 Fax (978) 562-8508

APPLICATION FOR BODY ART ESTABLISHMENT

New Businesses: Application Must Be Submitted At Least 30 Days Before The Planned Opening Date

| | | |
|---|------------------------------|--|
| Establishment | Name | |
| | Address | |
| | Telephone Number | |
| Operator | Name | |
| | Address | |
| | Telephone Number | |
| Name of Practitioner(s) <i>Each practitioner must obtain a separate permit from the Board of Health</i> | | |
| | | |
| | | |
| Autoclave | Manufacturer | |
| | Model Number and Year | |
| | Serial Number | |

*** Permit fee of \$100 is due with application.***

I have received, read, and understood the requirements of the Board of Health's body art regulations.

Operator Signature: _____ Date: _____

For Board of Health Use Only:

| | | | |
|------------------------|--|------------|--|
| Date Received: | | | |
| Approved (Y/N)? | | By: | |
| Permit Number: | | | |