



Town of Southborough

Board of Health

9 Cordaville Road, Lower Level
Southborough, MA 01772-1662

Phone: (508) 481-3013

Fax: (508) 229-2580

Application for Body Art Establishment Permit

FEE: \$250 (2 Year License)

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New Application

FEE: \$100 (2 Year License)

Renewal

☐

Name _____
(Last Name) (First Name) (Middle)

Date of Birth _____ Taxpayer Identification # _____

Facility Name _____ Telephone _____

Facility Address _____

Applicant must provide the following:

1. List of sterilization procedures and equipment (i.e. manufacturer, model number, model year and serial number where applicable, of the autoclave used in the establishment).
2. Copy of the "Disclosure Statement".
3. List of all body art practitioner(s) working at the facility.
4. A drawing of the floor plan of the proposed establishment to scale for a plan review by the Board of Health as part of the permit application process.
5. A signed and dated acknowledgment that the applicant has received, read and understood the requirements of the Board of Health's Body Art Regulations (below).
6. Such additional information as the Board may reasonably require.

Applicant Statement of Consent:

I understand that this registration expires on December 31st of this year. I understand that any notice required to be given by the Southborough Board of Health to me may be given by mailing a notice to the office of the last place of business facility address, of which I have notified the Southborough Board of Health. I have received a copy of the Southborough Board of Health's regulations and procedures. I agree to work only out of facilities that are in compliance with the Southborough Board of Health requirements. I agree to post the following valid and updated documentation conspicuously in my place of business at all times:

A permit for all body art practitioner(s) working in the facility, a copy of the Southborough Board of Health Rules and Regulations for Body Art, which contain the Recommended Procedures and Infection Control Practices for Body Art.

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. I further certify that I have received, read and understand the Southborough Board of Health Rules and Regulations.

Signature _____ Print Name and Title _____

FOR OFFICE USE ONLY

Fee _____ Check # _____

Permit Number _____ Date Issued _____

Notes: _____