



Board of Health
459 Main Street, Medfield, MA 02052

APPLICATION FOR PERMIT TO OPERATE BODY ART ESTABLISHMENT

New Application
 Renewal Application

Fee Paid \$ _____
Date Received: _____

Establishment License type: Body Piercing (only)
 Tattooing, Microblading, Branding and Scarification (only)
 Both

Please include the following information with this application:

1. Manufacturer, model number, model year, and serial number of autoclave
2. Floor plan of the proposed establishment
3. Exposure report plan

Body Art Establishment Name: _____ Tax ID # _____

Body Art Establishment Address: _____

Body Art Establishment Telephone No. _____ Email address: _____

Mailing Address (if different): _____

Emergency Response Person: _____

Emergency Response Person Contact Info: _____ email: _____

Applicant Name: _____

Applicant Address: _____

Name of Establishment Owner (if different from applicant) _____

If a corporation or partnership, list name, title and home address of officers / partners:

Name	Title	Home address
_____	_____	_____
_____	_____	_____
_____	_____	_____

State of Incorporation: _____

By signing this application, I acknowledge that I have received, read and understand the requirements of the Medfield Board of Health's Regulations for Body Art Establishments and Practitioners.

Applicant: _____ Date: _____