



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: \_\_\_\_\_