



Boston Public Health Commission Body Art Establishment Permit Application

Instructions: No permit will be issued until the Environmental & Occupational Health Division (EOH) receives a complete application form (including all attachments and permit fee) and until the EOH conducts an inspection verifying that the shop meets all sections of the BPHC Body Art Regulation. Mail a complete body art establishment permit application, along with all attachments and a check or money order for the permit fee to:

ATTN: Body Art Establishment Application
Environmental & Occupational Health Division
Boston Public Health Commission
1010 Massachusetts Avenue, 2nd Floor
Boston, MA 02118
617-534-5965

Application Date: _____

<p>Application Type:</p> <p><input type="checkbox"/> New establishment</p> <p><input type="checkbox"/> Permit renewal</p> <p>Previous permit number: _____</p>	<p>Services Provided at Establishment:</p> <p><input type="checkbox"/> Tattoo</p> <p><input type="checkbox"/> Piercing</p> <p><input type="checkbox"/> Microblading/Permanent Cosmetics</p> <p><input type="checkbox"/> Other</p> <p>Please specify: _____</p>
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Establishment Information

Shop Name: _____ Shop Phone Number: _____

Shop Address: _____

Hours of Operation: _____

Owner Name: _____ Manager Name: _____

Owner Address: _____

Owner Phone Number: _____ Owner Email: _____

If ownership is a partnership or corporation, list the name, physical address (no PO Box), and phone number of all partners or corporate officers on a separate attached page and check this box.

Body Art Establishment Permit Fee

Payments must be made by Check or Money Order, made payable to Boston Public Health Commission

Establishment Permit | \$250

Attach copies of the following required documents:

- Certificate of Occupancy
- Physical floor plan of the establishment
- Written Emergency Plan
- Manufacturer and Model Number of sterilization units
- List of other multiple use equipment (including manufacturers and model numbers)
- Evidence of contract with an approved Contaminated Waste Hauler in accordance with 105 CMR 480.000



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Applicant Statement of Consent

I understand that this permit is valid only in the City of Boston and expires one year after the date that it is issued. I also understand that any notice to be mailed to me by the Boston Public Health Commission will be mailed to the owner address indicated on this application, and a copy of such notice will also be mailed to the address of the Body Art Establishment that I have indicated above.

I have read the Boston Public Health Commission Body Art Regulation and understand the obligations and requirements imposed upon a licensed Body Art Establishment owner/operator by those regulations. I agree to comply with all regulatory requirements while operating in the City of Boston.

I further understand that it is my responsibility to ensure that individual body art practitioners working in this establishment have a current valid Boston Public Health Commission Body Art Practitioner License and comply with all applicable health, safety, sanitation, sterilization, and work practice regulations as specified in the Boston Public Health Commission Body Art Regulation.

I hereby certify, under penalties and pains of perjury, that to the best of my knowledge, the information provided in this application is complete and accurate and in no way misrepresented.

Shop Owner Signature

Date

Shop Owner Name (printed)