



# Body Art Establishment Permit

## Application

EAST LONGMEADOW BOARD OF HEALTH  
60 CENTER SQUARE  
EAST LONGMEADOW, MA 01028

Date: \_\_\_\_\_

**License Fee \$250.00**  
Non-Refundable Fee

Type of Establishment: BODY PIERCING <input type="checkbox"/> TATTOOING <input type="checkbox"/> BOTH <input type="checkbox"/> NEW APPLICANT <input type="checkbox"/> RENEWAL <input type="checkbox"/>		
Name of Business		
Business Address		Phone
		Zip
Partners or Others Involved	Name:	Phone
	Address:	Email
	Name:	Phone
	Address:	Email
Contact Person Name		
Email:		Phone #

**NOTE: EACH BODY ART ESTABLISHMENT APPLYING FOR A PERMIT MUST SUBMIT A LIST OF ALL PRACTITIONERS OF BODY ART OPERATING IN THAT ESTABLISHMENT.** This list shall be upgraded yearly at the time of license renewal. All individual Practitioners of Body Art must be licensed separately by the East Longmeadow Board of Health.

LIST BELOW ALL LICENSED PRACTITIONERS OF BODY ART WORKING AT THIS FACILITY:			
NAME OF PRACTITIONER	PERMIT #	HOME ADDRESS OF PRACTITIONER	PHONE #
LIST ANY ADDITIONAL PRACTITIONERS WORKING AT THIS ESTABLISHMENT ON THE BACK OF THIS APPLICATION			

**Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state returns and paid all state taxes required by law.**

\_\_\_\_\_  
Signature of Individual or Corporate Name

\_\_\_\_\_  
Social Security or Federal Identification

By: \_\_\_\_\_

Date: \_\_\_\_\_

**Board of Health**

Application Received:	
Premises Inspected:	
Permit Approved:	
Permit Number:	

## **Check List for Body Art Establishment Application**

**No person shall operate a body art establishment except with a valid permit from the Board**

Applications for a permit shall be made on forms prescribed by and available from the Board. An applicant shall submit all information required by the form and accompanying instructions. The term “application” as used herein shall include the original and renewal applications.

An establishment permit shall be valid from the date of issuance and shall expire on December 31 of each year unless revoked sooner by the Board. The permit shall be renewed annually thereafter.

( ) The Board **shall require** that the applicant provide, at a minimum, the following information in order to be issued an establishment permit:

- Name, address, and telephone number of:
  - the body art establishment;
  - the operator of the establishment; and
  - the body art practitioner(s) working at the establishment;

( ) The manufacturer, model number, model year, and serial number, where applicable, of the autoclave used in the establishment

( ) A signed and dated acknowledgement that the applicant has received, read and understood the requirements of the Board’s body art regulations

( ) A drawing of the floor plan of the proposed establishment to scale for a plan review by the Board, as part of the permit application process

( ) Exposure Report Plan

( ) Service Agreement for monthly autoclave spore destruction tests

- For renewals, please provide last 3 spore destruction test reports

( ) Sharps disposal plan

( ) List of procedures available

( ) Copy of disclosure statement

( ) Copy of aftercare instructions

Such additional information as the Board may reasonably require.

- The annual fee for the Body Art Establishment Permit shall be \$250.00.
- A permit for a body art establishment shall not be transferable from one place or person to another.