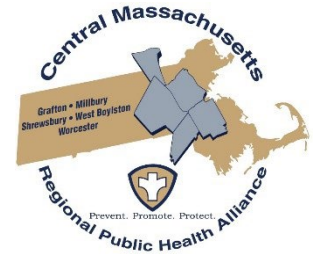




BOARD OF HEALTH
100 MAPLE AVENUE
SHREWSBURY, MASSACHUSETTS
01545

TELEPHONE: 508-841-8384
shrewsburyhealthagent@shrewsburyma.gov



**Application Instructions
For a Permit to Operate a Body Art Establishment
In the Town of Shrewsbury**

1. Complete the Application for Permit to Operate a Body Art Establishment.
2. Complete the Application for a Body Art Practitioner Permit.
3. Provide documentation of the following:
 - Current CPR Certification
 - Current First Aid Certification
 - Current Blood Borne Pathogens Certification
 - Certificate of completion of Skin Course
 - Certificate of Anatomy Course
4. Provide a copy of Certificate of Liability for Workers Compensation.
5. Provide check made payable to: Town of Shrewsbury in the amount of \$300.00 (Body Art Establishment permit *and* Body Art Establishment inspection)
6. Submit the application package with appropriate fee for review.

APPLICATION FOR A PERMIT TO OPERATE A BODY ART ESTABLISHMENT

New **Renewal**

Name of Applicant: _____

Applicant's Home Address: _____

Applicant's Phone Number: _____

Applicant's Email: _____

Name of Body Art Establishment: _____

Address of Establishment: _____

Phone Number of Establishment: _____

Type of Body Art Performed: ___ tattooing ___ piercing ___ tattooing & piercing

Name(s) of Body Art Practitioner(s) working at the establishment:

Required Autoclave information:

Manufacturer: _____ Model number: _____ Serial Number: _____

Laboratory conducting spore testing: _____

Hazardous Waste Removal Company: _____

I state, under the pains and penalties of perjury, that all information stated on this application is, to the best of my knowledge, correct, accurate, and current.

Applicant Signature

Date

Social Security or FID #