

Date Received _____ Amount Paid \$ _____ Check # _____ Permit # _____
FOR BOH OFFICE USE ONLY TCC: Initial _____ Date _____



TOWN OF SOUTHWICK BOARD OF HEALTH

454 College Highway, Southwick, MA 01077

Phone: (413) 569-1212 Fax: (413) 569-5284

APPLICATION TO OPERATE A BODY ART ESTABLISHMENT 2024

See reverse side for a list of
required documentation.

Name of Establishment _____

Business Address _____ Phone _____

Mailing Address (if different) _____

Email _____ Fax _____

Owner, Corporation, or Partnership Information

Name _____ Title _____

Address _____ Phone _____

Body Arts practiced at the establishment:

☐ Tattoo ☐ Piercing ☐ Cosmetic Tattoo (e.g., permanent cosmetics, micropigmentation, dermal pigmentation)

Body Art Practitioner(s) working at the establishment:

Manufacturer information for autoclave and ultrasonic cleaning devices, if applicable:

| Device Name | Manufacturer | Model Number | Model Year | Serial Number |
|-------------|--------------|--------------|------------|---------------|
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APPLICATION FEE: **\$150**

PLEASE SUBMIT THE COMPLETED APPLICATION WITH REQUIRED DOCUMENTATION AND PAYMENT BY DECEMBER 1st. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

ANY FACILITY THAT HAS NOT SUBMITTED A RENEWAL APPLICATION WITH THE REQUIRED DOCUMENTATION AND PAYMENT BY DECEMBER 31st, WILL BE CONSIDERED OPERATING WITHOUT A PERMIT AND ORDERED TO CLOSE UNTIL ALL THE PROPER PAPERWORK IS SUBMITTED.

I hereby certify that I am an owner or officer of the above business and all the information provided is true. I agree to comply with the regulations set forth in The Town of Southwick Rules and Regulations for Body Art Establishments and Practitioners. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

SIGNATURE OF OWNER / OFFICER

DATE

CHECK OR MONEY ORDER

MAKE PAYABLE TO: Town of Southwick

NO REFUND

Required Documents

The following documents must be submitted with the Body Art Establishment Application and fee. Applications submitted without these documents will not be considered.

- ☐ Certificate of Occupancy
- ☐ Physical Floor Plan
- ☐ Written Emergency Plan
- ☐ Written Exposure Plan
- ☐ Copy of Exposure Report Form
- ☐ Copy of Health History and Client Informed Consent Form
- ☐ Copy of Discloser Statement
- ☐ Copy of Client Aftercare Instructions
- ☐ Copy of Injury Report Form
- ☐ Manufacturer and Model Numbers of all Sterilization equipment
- ☐ List of other multiple use equipment (include manufacturer and model numbers).
- ☐ Proof of contract with an independent laboratory for monthly autoclave spore destruction tests
- ☐ Proof of contract with an approved Contaminated Waste Hauler in accordance with 105 CMR 40. 000