

**APPLICATION FOR BODY ART ESTABLISHMENT LICENSE  
HAVERHILL BOARD OF HEALTH**

Type of application:             NEW Application (\$250.00)  
     RENEWAL Application (\$250.00)

<b>Body Art Facility Name:</b>
<b>Body Art Facility Address:</b>
<b>Body Art Facility Telephone #:</b>
<b>Mailing Address (if different):</b>
<b>Body Art Facility Applicant:</b>
<b>Address of Applicant:</b>
<b>Name of Owner if (if different from applicant):</b>
<b>Emergency Response Person: _____ Emergency Telephone #: _____</b>

**If corporation or partnership, list name, title and home address of officers or partners:**

Name	Title	Address

**State of Incorporation:** \_\_\_\_\_

**Facility Type:**    Body Piercing (only)  
                           Tattooing  
                           Both

**Facility Hours of Operation:** \_\_\_\_\_

**Provide the following:**

- Scaled plans and specifications of the proposed facility to demonstrate compliance with the Body Art Regulation.
- The manufacturer, model number, model year and serial number of the autoclave used in the establishment.
- A signed and dated acknowledgement that the applicant has received read and understood the requirements of the Body Art Regulation.
- Copy of Client Application and Consent Form for Body Art to be used within the facility.
- Copy of after care instructions to be used by all practitioners within the facility.
- Name of waste hauler that services facility for contaminated waste and sharps:
- Present original and copy of Business Certificate issued by the City Clerk.

**APPLICANT / BODY ART FACILITY LICENSE STATEMENT OF CONSENT:**

I have read the Regulations of the Health Department governing Body Art Establishments and agree to abide by these regulations and procedures.

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way.

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

Office Use Only:

OC Permit: \_\_\_\_\_ Date Received: \_\_\_\_\_ Hearing Date: \_\_\_\_\_ Decision: \_\_\_\_\_