



Town of Northborough

Board of Health

63 Main Street

Northborough, MA 01532-1994

Office (508) 393-5009 Fax (508) 393-3130

BODY ART ESTABLISHMENT APPLICATION

FEE: \$ 175.00 PER YEAR (PAYABLE TO THE TOWN OF NORTHBOROUGH)

Name of Establishment _____

Establishment's Address _____ Telephone # _____

Street Address

City

State

Zip

List Names and addresses of practitioners that will be working in the establishment:

Please provide the information below about the autoclave to be used at the establishment:

Manufacturer	Model Number	Model Year	Serial Number

I HEREBY DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING INFORMATION CONTAINED IS TRUE AND CORRECT. I HAVE ALSO RECEIVED, READ AND UNDERSTAND THE BOARD OF HEALTH REQUIREMENTS PERTAINING TO BODY ART ESTABLISHMENTS AND BODY ART PRACTITIONERS.

Name

Date

Page 2, Body Art Establishment

In the space below please provide a floor plan of the establishment drawn to scale. The drawing and/or description should include the following:

- Room dimensions (including individual art stations)
- Sink location (both the janitor and hand sink)
- Bathroom location.
- Description of ventilation.
- Description of lighting.

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FOR OFFICE USE ONLY:

EXPIRATION DATE: _____

APPROVED BY: _____

PERMIT # _____
FEE \$ _____
CHECK # _____