



TOWN OF MILFORD
BOARD OF HEALTH
Milford Town Hall 52 Main Street, Milford MA
01757
Phone (508) 634-2315 Fax (508) 473-1380

APPLICATION FOR PERMIT TO OPERATE A BODY ART ESTABLISHMENT

Annual Permit Fee \$100 (Payable to the Town of Milford)
APPLICATION FEES ARE NON-REFUNDABLE

Date: _____

Establishment Information

Name of Body Art Establishment: _____

Address of Establishment: _____

Phone Number of Establishment: _____

Hours of Operation: _____

Operator Information

Name and Address of Operator of Body Art Establishment:

Operator's Phone Number: _____

Body Art Practitioners

Please list names of all Body Artists working at this establishment

1. _____

2. _____

3. _____

4. _____

Autoclave Information

Model Number: _____

Model Year: _____

Serial Number: _____

Is the autoclave capable of operating for a minimum of thirty minutes at 20 pounds of pressure at a temperature of 270 degrees Fahrenheit? YES NO

Spore Testing

Name and Address of Independent Laboratory conducting monthly spore testing on autoclave:

Phone Number of Laboratory: _____

Hazardous Waste Removal Company

Name and Address: _____

Phone Number of Waste Company: _____

Name of EPA approved Disinfectant: _____

Required Documents to Accompany this Application:

1. Copy of Consent Forms including aftercare instructions to be used
2. Floor plan to scale noting location and size of each body art station, hand sink, and lavatory
3. Exposure Report Plan
4. Signed Revenue Enforcement And Protection Attestation form
5. Copy of Driver's License and Social Security Number

I verify that I have read the Northbridge Board of Health rules and regulations governing Body Art and agree to abide by them.

Print Name of Applicant

Signature of Applicant

Date

In addition, it is my understanding that the issuance of this permit is subject to the results of a criminal record check on me by the Northbridge Police Department, and thereto I have furnished to the Board of Health a copy of my Driver's license and Social Security Number.

Signature of Applicant

Date

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

**Social Security Number (Voluntary) or Federal Identification Number

* This license/permit will not be issued unless this certification clause is signed by the applicant.

** Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws Chapter 62C, Section 49A.