



TOWN OF BROOKLINE

DEPARTMENT OF PUBLIC HEALTH

11 Pierce Street, Brookline, Massachusetts, 02445
Telephone: (617) 730-2300 Facsimile: (617) 730-2296
www.townofbrooklinemass.com/health

Date: _____

Body Art Establishment Permit Application

Type of Application: New Renewal Other: _____

Name of Establishment: _____

Address: _____

Telephone Number: _____

Hours of Operation: _____

Owner of Establishment: _____

Home Address: _____

Home Telephone Number: _____

Email: _____

Names of Operators/Body Artists

Please list all body art practitioners who will practice at this establishment _____

Name of FDA Approved Autoclave Unit: _____

Manufacturer: _____

Address: _____

Telephone Number: _____

Model Number: _____

Model Year: _____

Serial Number: _____

Name of Spore Testing Laboratory:

Address: _____

Telephone Number: _____

Name of State Licensed Hazardous Waste Removal Company:

Address: _____

Telephone Number: _____

Name of EPA Approved Non-Hazardous Hard Surface Disinfectant:

EPA #: _____

Have You Ever Owned/Operated A Body Art Establishment Before? Yes _____ No _____

If yes, where?

Address: _____

Worker Compensation Coverage:

As required by MGL c 152 s 25A this Establishment is in compliance with the Massachusetts Worker Compensation Coverage Requirement (establishments not required to comply with the coverage requirements must submit copies of the Industrial Accidents affidavit form with this application).

Yes: _____ No: _____

Liability Insurance:

Establishments and Practitioners must demonstrate Liability Insurance coverage from an approved provider with the following coverage:

- General Liability Coverage for \$500,000
- Tattooist Liability Coverage for \$100,000
- Piercers Liability Coverage for \$100,000

Please submit the following with this application:

- Fee in the amount of \$240.00 payable to the Town of Brookline.
- Floor plan to scale of establishment indicating location of all required equipment
- Copy of establishment exposure control plan
- Copy of exposure report form
- Copy of proof of liability insurance coverage

A Body Art Establishment Permit is conditioned upon continued compliance with all applicable provisions of the most current Body Art Regulations.

I have received, read and understood the requirements of the Health Department's body art regulations.

I the undersigned under the penalties of perjury that the applicant has filed all state and tax returns and paid all state and local taxes as required by law (MGL Chapter 62c s 49A).

Signature of the applicant

Date

Print Full Name