



TOWN OF MAYNARD

PUBLIC HEALTH DIVISION

195 Main Street • Maynard, MA 01754
boh@townofmaynard.net • (978) 897-1370



Body Art Establishment License Application

Establishment Information

Establishment Name: _____

Address: _____

Phone: _____

E-Mail: _____

Corporation Name (if applicable) _____

Corporation Office Address _____

Phone: _____

Permit # _____

Date Received _____

Fee \$ _____

Paid cash check # _____

Approved? yes no

FOR INTERNAL USE ONLY

Applicant Information

Applicant Name: _____

Mailing Address: _____

Phone: _____

E-Mail: _____

Owner Information (if different from applicant)

Owner Name: _____

Mailing Address: _____

Phone: _____

E-Mail: _____

Establishment Type

(check all that apply)

Tattoo (except Permanent Make-Up)

Body Piercing

Cosmetic Tattooing

Permanent Make-Up

Microblading

Days and Hours of Operation

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Renewal of an Existing Body Art Establishment

By checking this box, I certify the existing Body Art Establishment facility and operations have not changed since the last renewal and inspection.

If there are no changes, skip to Section B on the next page. Section A does NOT have to be completed unless there are changes.

Is there a medical professional who does/will work and/or oversee the practice of cosmetic tattooing? yes no

Name of Medical Professional (if applicable) _____

State License Type _____

License # _____

List the following information for all Body Art Practitioner(s) working at this establishment

Name	Address	Phone	Email	Currently Permitted?*
				<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> pending
				<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> pending
				<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> pending
				<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> pending

*If yes, please submit a copy of the Body Art Practitioner Permit. If no/pending, the Practitioner CANNOT perform Body Art until the Body Art Practitioner Permit permit has been obtained.

List instrument(s) that require cleaning and sanitizing:

Cleaning units to be used in the establishment:

Not Applicable

Autoclave Unit Manufacturer_____ Model Number_____ Model Year_____ Serial No. _____

Ultrasonic Unit Manufacturer_____ Model Number_____ Model Year_____ Serial No. _____

SECTION A: To obtain a NEW permit to operate a Body Art Establishment, or if there are facility/operational changes in the existing establishment, please submit the following:

- Completed application. Incomplete applications and missing documents may delay the permit process
- Fee: \$350 made payable to the Town of Maynard
- Completed Workers' Compensation Insurance Affidavit form including first page of policy
- Floor Plan drawing of the proposed establishment. Include and identify the following on plan:
 - Location of customer waiting area
 - Square footage of the floor space for each practitioner (minimum 60 square feet per practitioner)
 - Location of all sinks and cleaning areas
 - Location of Ultrasound or Autoclave unit(s) if applicable
 - Instrument storage area
 - Disclosure statement advising the risks and possible consequences of Body Art Procedures—attached as Informed Consent
 - Procedures for filing a complaint
 - Emergency Plan
 - Client Information Form

SECTION B: To Renew a Permit to Operate a Body Art Establishment, please submit the following:

- Completed application. Incomplete application and missing documents may delay the permitting process
- Fee: \$350 made payable to the Town of Maynard
- Completed Workers' Compensation Insurance Affidavit form including first page of policy

This license or permit will not be issued unless this certification clause is signed by the applicant:

I have received, read, and understand the Town of Maynard's regulations governing Body Art Establishments and practitioners. I understand that any deviation from the submitted and approved plan(s) without prior approval from the Maynard Board of Health may cause a delay in the permitting process.

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 law.

Signature: x

Printed Name:

Date:

Social Security Number or Federal Tax Identification Number:

Your social security number may be furnished to 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 Mass. G.L. c.62C s.49A.