

TOWN OF MILLBURY
127 Elm Street, Millbury, MA 01527
508-865-4721 FAX 508 865-0878

APPLICATION TO OPERATE A BODY ART ESTABLISHMENT

Date _____

Permit Fee: \$100.00

Expires: March 31, of each year

ESTABLISHMENT INFORMATION

Name of Establishment _____

Address of Establishment _____

Telephone Number of Establishment _____

Hours of Operation _____

OPERATOR INFORMATION

Operator Name _____

Address of Operator _____

Operator's Telephone Number _____

BODY ART PRACTITIONERS

List names and addresses of all Body Artists working at this establishment

1. _____

2. _____

3. _____

AUTOCLAVE INFORMATION

Model No. _____ Model Year _____ Serial No. _____

Is the autoclave capable of operating for a minimum of thirty (30) minutes at twenty (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

Telephone Number of Laboratory _____

HAZARDOUS WASTE REMOVAL COMPANY

Company Name _____

Company Address _____

Company Telephone Number _____

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. Copy of Driver's License and Social Security Number.

I hereby certify that I have received, read and understand the requirements of the Millbury Board of Health Body Art Regulation.

Signature of Applicant

Date

Pursuant to Massachusetts General Laws Chapter 62C, Section 49A, 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

Date

Social Security Number or Federal I.D. Number

Corporate Officer (if applicable)

OFFICIAL USE ONLY

Application Approved _____ Date _____ Permit Number _____

Application Denied _____ Date _____

Denial Reason _____
