



# **GREENFIELD BOARD OF HEALTH**

Town Hall • 14 Court Square • Greenfield, MA 01301  
Phone 413-772-1404 • Fax 413-772-2238

Fee: \$180.00  
Fee paid: \_\_\_\_\_  
Permit# \_\_\_\_\_

## **Application for Body Art Establishment Permit**

Complete and return this form with \$180.00 fee made payable to: Town of Greenfield

Upon satisfactory review of the application and receipt of the Permit fee, a Body Art Establishment Permit will be issued by the Greenfield Health Department.

**New Application**

**Renewal**

1. Body Art Establishment Name: \_\_\_\_\_

2. Body Art Establishment Address: \_\_\_\_\_

3. Body Art Establishment Telephone: \_\_\_\_\_

4. Mailing Address (if different): \_\_\_\_\_

5. Body Art Establishment Applicant: \_\_\_\_\_

6. Address of Applicant: \_\_\_\_\_

7. Name of Owner (if different from applicant): \_\_\_\_\_

8. If corporation or partnership, list name, title and home address of officers or partners:

Name

Title

Home Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. State of Incorporation: \_\_\_\_\_

10. Emergency Response Person:

Name \_\_\_\_\_

Emergency Telephone \_\_\_\_\_

11. Establishment Permit Type:

- Body Piercing (only)
- Tattooing, Branding and Scarification (only)
- Both

12. Establishment Hours of Operation: Monday \_\_\_\_\_ Saturday \_\_\_\_\_  
Tuesday \_\_\_\_\_ Sunday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_

13. Provide the following:

- A. Scaled plans and specifications of the proposed Establishment to demonstrate compliance with the Body Art Regulations at the time of original application and upon any changes in Establishment layout.
- B. Present original and provide copy of Business Certificate issued by the Town Clerk under the provisions of MGL c. 110 § 5
- C. Copy of Client Application and Consent Form for Body Art to be used within the Establishment
- D. Copy of Aftercare Instructions to be used by the practitioners within the Establishment
- E. Copy of Establishment's Exposure Control Plan
- F. Name and phone number of waste hauler that services Establishment:  
\_\_\_\_\_  
Name Phone #
- G. Copy of contract with waste hauler
- H. Name and phone number of waste hauler that services Establishment for contaminated waste and sharps:  
\_\_\_\_\_  
Name Phone #
- I. Copy of contract with waste hauler that services establishment for contaminated Waste
- J. Manufacturer, model#, model year & serial number of Autoclave or other approved sterilization unit:\_\_\_\_\_
- K. Name of private Laboratory that conducts testing of autoclave:  
\_\_\_\_\_

- L. Copy of recent results of Autoclave testing
- M. Copy of Employee Information Form
- N. Copy of Establishment Information (6 E-1)
- O. Copy of Exposure Incident Report
- P. Copy of Injury Report Form

**APPLICANT / BODY ART ESTABLISHMENT PERMIT STATEMENT OF CONSENT:**

*I understand that this registration expires at the end of the calendar year. I understand that any notice required to be given by the Greenfield Health Department to me may be given by mailing the notice to the address of the last place of business (establishment address) of which I have notified the Greenfield Health Department. I have received a copy of the Town of Greenfield Rules and Regulations for Body Art Establishments and Practitioners and a copy of 105 CMR 480. I agree to abide by these regulations and procedures. I agree to post the following valid and updated documents conspicuously in my place of business at all time:*

- *Original Permits for all Body Art Practitioners working in the establishment, and*
- *Original Permit for Body Art Establishment*
- *Procedure for filing complaint with Greenfield Board of Health*
- *An emergency plan*
- *Occupancy permit issued by the Building Inspector*

*I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way:*

\_\_\_\_\_

Date

Signature

\_\_\_\_\_  
Name and Title (Print)

<b>Office Use Only:</b>	<b>Establishment Inspection Date:</b> _____
	<b>Inspector:</b> _____
<input type="checkbox"/> <b>Approved, Effective Date:</b> _____	<b>Permit #</b> _____
<b>Fee Paid:</b> _____	
<input type="checkbox"/> <b>Disapproved, Comment:</b> _____	