

BOARD OF HEALTH

William J. Lee Memorial Town Hall
1 Lafayette Street, Wakefield, MA 01880
TELEPHONE: (781) 246-6375 | FAX: (781) 224-5018
boardofhealth@wakefield.ma.us



Body Art: Establishment Application

- Permit Fee:**
- Initial Application \$500**
 - Renewal Application \$200 due by June 30**

Name of Establishment: _____
 Establishment Address: _____
 Establishment Tel. No.: _____
 Email Address: _____
 Name of Establishment Owner: _____
 Home Address & Telephone number of Owner: _____
 Facility Manager: _____
 Hours & Days of Operation: _____

Please provide the following:

Name, address and tel. # of your spore testing lab:

Name, address & tel. # of both your hazardous/medical waste removal contractor:

- Provide evidence of extermination of the premises
- Facility is equipped with sinks supplied with hot and cold running water
- Facility has an autoclave, which can operate at 275°F under 20 PSI pressure for 20 minutes
- Copy of the consent forms, which include post procedure and instructions that your establishment will use

I verify that I have read and understand the Wakefield Board of Health Body Art Regulations and by signing below agree to abide by the regulation in its entirety.

 Applicant's signature _____
Date

In addition, pursuant to MGLc.62c, s49a, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

 Signature _____
Date