



City of Taunton

Board of Health

45 School Street
Massachusetts 02780-5212

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Taunton Board of Health Body Art Establishment Permit Application PLAN REVIEW

NOTE: Separate Establishment Permits are issued for the following procedures:
(Please check and pay for all that apply. A \$50.00 Plan Review fee must be submitted in addition to all permit fees.)

- Tattoo Establishment \$200.00
- Body Piercing \$200.00

New Establishment Application (must be submitted at least 30 days before planned opening date)

1) Establishment Name:
2) Establishment Address:
3) Establishment Mailing Address (if different):
4) Establishment Telephone Number:
5) Establishment Email Address:
6) 24 Hour Emergency Contact Name:
7) 24 Hour Emergency Contact Telephone Number:
8) Applicant Name & Title:
9) Applicant Address:
10) Applicant Telephone Number:
11) Applicant Email Address:
12) Owner Name (if different from applicant):
13) Owner Address (if different from applicant):
14) Total Number of Practitioners:
15) Complete the following information for each Practitioner:
I. Practitioner Name: Residence Address: Telephone Number: Email:
II. Practitioner Name: Residence Address: Telephone Number: Email:
III. Practitioner Name: Residence Address: Telephone Number: Email:
IV. Practitioner Name: Residence Address: Telephone Number: Email:

V. Practitioner Name: Residence Address: Telephone Number: Email:
VI. Practitioner Name: Residence Address: Telephone Number: Email:
Please list any additional Practitioners at the bottom of this form.
16) Days and Hours of Operation:
17) Water Source: DEP Public Water Supply Number (<i>if applicable</i>):
16) Sewage Disposal:
17) This Tattoo Establishment also offers (<i>check all that apply</i>) <input type="radio"/> Ear Piercing <input type="radio"/> Body Piercing <input type="radio"/> Permanent Cosmetics <input type="radio"/> Other _____
18) Autoclave Manufacturer:
19) Autoclave Model Number:
20) Autoclave Serial Number:
21) Name of Independent Laboratory that conducts monthly spore destruction tests on the autoclave: <i>Σ Include the most recent documentation of the autoclave's ability to destroy spores with this application</i>
22) Operator of Establishment Identification: <input type="radio"/> State Drivers License #: <input type="radio"/> State Identification Card #:
23) Have you ever been charged with a criminal offense in violation of the laws of the Commonwealth or of the United States? If so provide the date of the offense, the nature of the offense, and the disposition of the case. <input type="radio"/> No <input type="radio"/> Yes

***A permit for an Establishment is not transferable from one place or person to another**
***An Establishment Permit shall be valid from the date of issuance and shall automatically expire in one (1) year from the date of issuance unless suspended or revoked sooner by the Board**

Total Permit Fee: \$ _____ Payment is due with application Make checks payable to "City of Taunton"

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that my practice will comply with the City of Taunton Board of Health Regulations for Body Art Establishments and the City of Taunton Board of Health Regulations for Tattoo Practitioners and Tattoo Establishments. I have received, read, and understand the requirements of the Board's Body Art and Tattoo Regulations. I agree to work only out of establishments that are in compliance with these regulations.

Signature of Applicant: _____ Date: _____

Pursuant to MGL Ch. 62C, sec. 49A, I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Social Security Number: _____

STATEMENT OF CONSENT

I understand that operation and maintenance of a Body Art establishment under the City of Taunton Regulations for Tattoo Practitioners and Tattoo Establishments and the City of Taunton Regulations for Body Art Establishments constitutes consent to inspection of said premises at any time by an agent of the Board of Health of the City of Taunton and refusal of inspection upon notice shall constitute grounds for immediate revocation of the permit.

Signature of Applicant: _____ Date: _____

