



TOWN OF MARION
BOARD OF HEALTH
2 SPRING STREET
MARION, MA 02738
508-748-3530

2023

Body Art Establishment Permit Application
(Application must be submitted at least 30 days before the planned opening date)

Complete and return with \$150 registration fee

Date: _____

1. Type of Application: New Application Renewal

2. Type of Facility: Microblading Piercing Tattoo Other _____

3. Facility Information:

- **Name:** _____
- **Address:** _____
- **Phone Number:** (____) _____
- **Mailing Address (If Different):** _____

4. Applicant / Operator Information:

- **Name of Applicant / Operator:** _____
- **Applicant Phone Number:** _____
- **Name of Owner (If Different from Applicant):** _____

5. List name, title, home address, and phone number of the body art practitioner(s) working at the establishment:

<u>Name</u>	<u>Title</u>	<u>Home Address</u>	<u>Phone Number</u>
-------------	--------------	---------------------	---------------------

6. Emergency Response Person and Phone Number:

7. Facility Hours of Operation (Days and Hours): _____

8. Provide the Following With Application:

- A. (New & Renewal Applications) Present original and provide copy of Business Certificate issued by the Marion Town Clerk under provisions of MGL c. 110 subsection 5
- B. (New & Renewal) Completed Tax Verification Form from Town Collector’s Office
- C. (New & Renewal) Copy of Client Application and Consent form for Body Art to be used within the facility
- D. (New & Renewal) Name, Address and Phone number of Biohazardous waste hauler that services the facility for contaminated waste and sharps
- E. (New & Renewal) Copy of Valid photo Identification from owner and/or applicant
- F. (New Applications or upon replacement) Manufacturer, model number, model year and serial number of autoclave used in the establishment if applicable
- G. (New Application Only) Copy of Aftercare Instructions to be used by all practitioners within the facility
- H. (New Application Only) Exposure Report Plan
- I. (New Application only) A drawing of the floor plan of the proposed establishment to scale and specifications of the proposed facility to demonstrate compliance with Body Art Rules and Regulations at time of Original application and upon any change in facility layout.

9. Have you ever been convicted of a felony? If yes, please explain.

10. Have you been arrested within the last 5 years? If yes, explain.

APPLICANT/BODY ART PRACTITIONER PERMIT
STATEMENT OF CONSENT

I understand that this facility permit expires one (1) year from date of issue. I understand that any required notice to be given to me by the Marion Board of Health may be given by mailing the notice to the address of the last place of business (facility address) of which I have notified the Marion Board of Health. I have received a copy of the Marion Board of Health Rules and Regulations on Body Art and have read and understand the requirements. 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 times:

- **Original permits for all Body Art Practitioners working in the facility, and**
- **Original Permit for Body Art Facility**

I hereby authorize the Town of Marion, its agents and employees to seek information and conduct an investigation into the truth of statements set forth in the application and the qualifications of the applicant for this permit.

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

_____ **Date**

_____ **Signature**

Name and Title (Print)

NO APPLICATION WILL BE REVIEWED BY THE BOARD OF HEALTH UNTIL ALL NECESSARY DOCUMENTATION IS SUBMITTED

Revised 8/3/2021

For Board of Health Use Only

Check #: _____

Date: _____

Amount: _____