



TOWN OF WATERTOWN

Board of Health

Administration Building
149 Main Street
Watertown, MA 02472
Phone: 617-972-6446
Fax: 617-972-6499
www.watertown-ma.gov

BODY ART ESTABLISHMENT APPLICATION

Date: _____

ESTABLISHMENT INFORMATION:

Type of Body Art Practiced at Establishment: Tattoo Piercing Both

Name of Establishment: _____

Address: _____

Mailing Address: _____

Telephone Number: _____

Hours of Operation: _____

Operator of Establishment: _____

Home Address: _____

Home Telephone Number: _____

NAMES OF ALL BODY ART PRACTITIONERS EMPLOYED AT ESTABLISHMENT:

Name: _____

Name: _____

Name: _____

Name: _____

Anatomy and Physiology I & II Course, Skin Disease, Disorders, and Conditions Course Completion Date(s), include copy of certificates:

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

First Aid and CPR Training Date(s), completed within last two (2) years, include copy of certificates:

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Disease Transmission Prevention and Bloodborne Pathogen Course Completion Date(s), include copy of certificates:

Name: _____ Date: _____
Name: _____ Date: _____
Name: _____ Date: _____
Name: _____ Date: _____

Name of FDA Approved Autoclave Unit: _____

Manufacturer: _____
Address: _____
Telephone Number: _____
Model Number: _____
Model Year: _____
Serial Number: _____

Name of Spore Testing Laboratory: _____

Address: _____
Telephone Number: _____

State Licensed Hazardous Waste Removal Company:

Name: _____
Address: _____
Telephone Number: _____

EPA approved non-hazardous hard surface disinfectant:

Name: _____ EPA # _____

Have you ever owned/operated a Body Art Establishment? Yes: _____ No: _____

If yes, where? Name of Establishment: _____
Address: _____

REQUIRED DOCUMENTATION FOR ALL BODY ART ESTABLISHMENTS:

1. A scaled floor plan and specifications of the establishment to demonstrate compliance with the Body Art Establishment Regulations. Floor plan and specifications must be submitted for Health Department review.
2. Exposure Control Plan to meet all of the requirements of OSHA must be submitted for review by the Health Department.
3. A copy of the Emergency Plan for the purpose of contacting police, fire, or emergency medical services in the event of an emergency, must be submitted for review by the Board of Health.
4. A copy of your current Insurance Liability Coverage from an approved provider with the following coverage:
 - General Liability Coverage for \$ 500,000
 - Tattooist Liability Coverage for \$ 100,000
 - Piercers Liability Coverage for \$ 100,000

5. A copy of your current driver's license or Mass ID.
6. Permit Fee, make checks or money order payable to the Town of Watertown
 - Plan Review Fee \$200.00
 - Establishment Permit Fee \$200.00 per year
 - Individual Practitioner License \$150.00 per year

Any omissions or falsification of information requested on this application shall be cause for denial of permit.

I have received a copy of the Town of Watertown Board of Health Body Art Establishment and Practitioners Regulations. I have read and understand the obligations, requirements, and prohibitions of the Watertown Body Art Regulation. I agree to abide by the Watertown Board of Health Body Art Regulations. I agree to have the Body Art Establishment Permit and all Body Art Practitioner Permits conspicuously posted within the establishment at all times.

I understand that this Body Art Establishment Permit expires on May 31st each year. I understand that any notice required to be given by the Watertown Health Department to me may be given by mailing the notice to the place of the business. I acknowledge that I am responsible for the renewal of this license by May 31st of each year regardless of notice from the Watertown Health Department. I understand that a Body Art Establishment Permit shall not be transferable from one place or person to another.

I understand the Watertown Health Department has sixty (60) days to review this application from the date it is submitted. I understand that any omissions or falsification of information requested on this application shall be cause for denial of a permit.

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 is in no way misrepresented.

Signature of Applicant

Date

Name and Title of Applicant