



**Town of Athol  
Memorial Building  
Suite 1  
584 Main Street  
Athol, MA. 01331  
978-721-8450**

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

**Date:**

**1. Type of Application:**      ☐ New Application      ☐ Renewal

**2. Type of Facility:**      ☐ Tattoo      ☐ Piercing      ☐ Both

**3. Facility Information:**

- **Name:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Phone Number:** (\_\_\_\_) \_\_\_\_\_
- **Mailing Address (If Different):** \_\_\_\_\_

**4. Applicant Information:**

- **Name of Applicant:** \_\_\_\_\_
- **Applicant Phone Number:** \_\_\_\_\_
- **Name of Owner (If Different from Applicant):** \_\_\_\_\_

**5. If corporation or partnership, list name, title, home address, and phone number of officers or partners:**

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

---

---

**6. State of Incorporation:** \_\_\_\_\_

**7. Emergency Response Person and Phone Number:**

---

**8. Facility Hours of Operation (Days and Hours):** \_\_\_\_\_

**9. Provide the Following With Application:**

- A. (New & Renewal Applications) Present original and provide copy of Business Certificate issued by the Athol Clerk under provisions of MGL c. 110 subsection 5
- B. (New & Renewal) Completed Tax Verification Form From City 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 #, model year and serial # of autoclave used in the establishment
- 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) Scaled plans 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.

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

11. 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 two (2) years from date of issue. I understand that any required notice to be given to me by the Athol 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 Athol Board of Health. I have received a copy of the Athol Board of Health Rules and Regulations on Body Art. 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 Athol, 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**