

## **TOWN OF MILLIS**

**BOARD OF HEALTH** 

900 Main Street • Millis, MA 02054 Phone: 508-376-7042

## Application for New and Renewal of a Body Art Establishment

Annual Tattoo Establishmer	Annual Tattoo Establishment Fee: \$1,000.00 plus Plan Review Fee: \$390.00 (new establishme			
Annual Cosmetic Tattooing	Establishment Fee: \$5	00.00		
In accordance with the Millis Board	of Health Regulations	application for a Body	Art Permit is hereby made by:	
Business Name:				
Business Address:				
Business Phone #:	FID#:	Ema	ail:	
Person or Agency Responsible for th	ne Business:			
<ul><li>If business is a sole propriet</li><li>If business is a corporation,</li></ul>	• •		• •	
Name of person responsible for bus	iness:			
Phone #	Emergeno	y Phone #		
Mailing Address:		Email Addres	SS	
Hours of Operation:				
Number of Practitioners under this	Millis Body Art Establi	shment Permit:		
Names of Body Art Practitioners (Re	egistered under Body A	vrt Establishment):		
1. Name:				
2. Name:				
3. Name:				
4. Name:				
Application must include the follow	ing (annually):			
Waste Hauler for Establishn	nent:			
Description of Services	Consent	and Release Form	Disclosure Statement	
Emergency Plan	🗆 Exposure	e Control Plan	Incident Report Sheet	
Autoclave Information	🗆 Materia	Safety Data Sheets	Floor Plan	

TURN OVER TO CONTINUE APPLICATION

This application must be filled out completely before a license will be issued and must be accompanied with a check written to "Town of Millis" for the amount noted on top of application. Incomplete applications will be returned.

I, the undersigned applicant, agree to abide by the conditions set forth in the Millis Board of Health "Rules and Regulations for Body Art Establishment".

<b>Applicant Signature</b>		Date:	
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