

**Wellesley Health Department**  
**90 Washington Street**  
**Wellesley, MA 02481**  
**Telephone: (781) 235-0135**

Fee: \$500.00	Expires: 06/30/
Permit #	

### **Application for Body Art Facility License**

Complete and remit this form with \$500.00 registration fee (made out to: *Town of Wellesley*) to:

**Wellesley Health Department**  
**90 Washington Street**  
**Wellesley, MA 02481**

Upon satisfactory review of the application and receipt of the license fee, a numbered facility license will be issued by the Wellesley Health Department.

- New Application
- Renewal

1. Body Art Facility Name: \_\_\_\_\_

2. Body Art Facility Address: \_\_\_\_\_

3. Body Art Facility Telephone: \_\_\_\_\_

4. Body Art Facility Applicant: \_\_\_\_\_

5. Address of Applicant: \_\_\_\_\_

6. Name of Owner (if different from applicant): \_\_\_\_\_

7. If corporation or partnership, list name, title and home address of officers or partners:

<u>Name</u>	<u>Title</u>	<u>Home Address</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

8. State of incorporation: \_\_\_\_\_

9. Emergency Response Person: Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

10. Facility License Type:
- Body Piercing (only)
  - Tattooing, Branding and Scarification (only)
  - Both

11. Facility Hours of Operation: Sunday-Thursday: \_\_\_\_\_ Friday & Saturday: \_\_\_\_\_

12. Provide the following:

- A. Scaled and specifications of the proposed facility to demonstrate compliance with the Body Art Ordinance at the time of original application and upon any change in facility layout.
- B. Present original and provide copy of Business Certificate issued by the Town Clerk under the provisions of MGL c 110 § 5
- C. Copy of Client Application and Consent Form for Body Art to be used within the Facility.
- D. Copy of Aftercare Instructions to be used by all practitioners within the Facility.
- E. Name of waste hauler that services facility: \_\_\_\_\_
- F. Name of waste hauler that services facility for contaminated waste and sharps: \_\_\_\_\_

**APPLICANT/BODY ART FACILITY LICENSEE STATEMENT OF CONSENT:**

*I understand that this registration expires on June 30<sup>th</sup> of this year. I understand that any notice required to be given by the Wellesley Health Department to me, may be given by mailing notice to the address of the last place of business (facility address) of which I have notified the Wellesley Health Department. I have received a copy of the Town of Wellesley Ordinance on the Regulation of Body Art (Chapter 19.00). 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 Licenses for all Body Art Practitioners working in the facility and*
- *Original License for Body Art Facility*

*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 not misrepresented in any way.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (print)

<b>Office Use Only:</b>	Facility Inspection Date: _____
	Inspector: _____
	<input type="checkbox"/> Approved, Effective Date: _____ License # _____
	Fee Paid: _____
	<input type="checkbox"/> Disapproved, Comment: _____