



# TOWN OF NORWOOD BOARD OF HEALTH

Commonwealth of Massachusetts



**Public Health**  
Prevent. Promote. Protect.

## Application Permit To Operate Body Art Facility

Upon satisfactory review of the application and receipt of the license fee, a numbered facility license will be issued by the Norwood Board of Health

**New Application**                       **Renewal**

1. Body Art Facility Name: \_\_\_\_\_ Tax ID (or SS) #: \_\_\_\_\_

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

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

4. Mailing Address (If Different): \_\_\_\_\_

5. Body Art Facility Applicant's Name: \_\_\_\_\_

6. Address of Applicant: \_\_\_\_\_

7. Telephone of Applicant: \_\_\_\_\_

8. Name of Owner (If Different From Applicant): \_\_\_\_\_

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

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

10. State of Incorporation: \_\_\_\_\_

11. Emergency Response Person:    Name: \_\_\_\_\_

12. Emergency Response Person:    Home Telephone No. \_\_\_\_\_

13. Facility License Type     Body Piercing (Only)
- Tattooing, Branding and Scarification (Only)
- Both

Please include the following information with your application for a Body Art Establishment:

1. Manufacturer, model number, model year, and serial number of autoclave
2. Floor plan of the proposed establishment
3. Exposure report plan

By signing this application I acknowledge that I have received, read and understood the requirements of the Board's Body Art Regulations

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date