TOWN OF
STONEHAM
MASSACHUSETTS

Board of Health-Health Department
35 Central Street
Stoneham, Ma. 02180

STONEHAM
BOARD OF HEALTH

Tel: 781-279-2621
Fax: 781-507-2615

Fee: $_____ **Permit # _____**

Body Art / Micro-Pigmentation Application
Establishment and/or Operator

Establishment - $250 **Operator - $100**

1.) **Establishment Name**: _____

2.) **Establishment Address**:_____

3.) **Establishment Mailing Address**: _____

4.) **Establishment Telephone No**: _____

5.) **Owner/Operator Name & Title:** _____

6.) **Owner/Operator Address**:_____

7.) **Owner/Operator Telephone No**: _____ **24 Hour Emergency No.**:_____

Days of Operation: _____
Hours of Operation: _____

Description of Body Art/Micro Pigmentation procedures performed:

_____

List of all Body Art/Micro Pigmentation Practitioners employed at this address:

_____ _____
_____ _____

Autoclave:

Manufacturer: _____ **Model No**: _____
Model Year: _____ **Serial No**: _____

Attachments: Floor Plan ☐ Aftercare Instructions ☐
Exposure Control Plan ☐ Biomedical Waste Vendor ☐
Client Application Consent Form ☐

I, the undersigned, attest to the accuracy of the information provided in this application And I affirm that I have received, read and understand the requirements of the Stoneham Board Of Health's Body Art and Micro Pigmentation Regulations.

Signature of Applicant: _____ **Date:** _____
Email of Applicant: _____