



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

**APPLICATION FOR A PERMIT TO OPERATE A BODY ART ESTABLISHMENT**

Name of Establishment \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Manager's Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

Please list *all* body art practitioners who will practice at this establishment \_\_\_\_\_

\_\_\_\_\_

Name & telephone number of laboratory that will perform monthly spore destruction tests \_\_\_\_\_

\_\_\_\_\_

Name and telephone number of contaminated waste disposal contractor \_\_\_\_\_

\_\_\_\_\_

List the following: manufacturer, model number, model year, and serial number of autoclaves \_\_\_\_\_

\_\_\_\_\_

Please submit the following with this application:

- \$1000 fee made payable to the Town of Arlington
- Floor plan to scale of establishment indicating location of all required equipment
- Copy of the disclosure statement describing body art procedures to be given to all clients
- Copy of consent form to be signed by each client
- Copy of the establishment exposure control plan
- Copy of the exposure report form
- Copy of aftercare instructions to be given to each client

*I received, read, understand, and agree to follow all rules and regulations specified in the **Town of Arlington Board Rules and Regulations for Body Art Establishments and Practitioners.***

Signature \_\_\_\_\_ Date \_\_\_\_\_