**Town of Wareham**

Board of Health  
508-291-3100 x3197

**Body Art Facility Application**

Fee: New $275.00 Renewal $150.00

Valid through December 31st Annually

MAKE CHECK PAYABLE TO: Town of Wareham

RETURN TO: Wareham Board of Health, 54 Marion Rd., Wareham, MA 02571

In accordance with Section 51 through 53, Chapter 140 of the General Laws, Of the Commonwealth of Massachusetts, I hereby apply for a license to: OPERATE A BODY ART FACILITY

Name of Facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address if Different:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: Website Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owners Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number: (Copy to be Included) Please provide copies of the following:

1. Copy of Waste Hauler’s Contract

2. Copy of Sharps Container Procedures

3. Copy of Exposure Incident Report (Blank)

4. Copy of the Facilities Hours of Operation

5. Complete Description of ALL Body Art Procedures Performed

6. Copy of Client Consent Form (Blank)

7. Copy of Written Aftercare Procedures

8. Copy of Injury and/or Complication Reports (Blank)

9. Floor Plan of the Facility

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing above I agree to comply with the Wareham Board of Health’s Regulations for Body Art Establishments.

FOR OFFICE USE ONLY:

LICENSE MAILED: Y N

APPROVED: Y N

DOCUMENTS RECIEVED: Y N