



# TOWN OF ROCKLAND

## Board of Health

242 UNION STREET  
ROCKLAND, MASSACHUSETTS 02370

TELEPHONE (781) 871-0154

### Application for Body Art Facility License

Rockland Board of Health  
242 Union Street  
Rockland, MA 02370

**Complete and return this form with \$250.00 registration fee payable to the Town of Rockland**

Upon satisfactory review of the application and receipt of the license fee, the Rockland Board of Health Department will issue a numbered facility license.

New Application \_\_\_\_\_ Renewal \_\_\_\_\_

1. Body Art Facility Name: \_\_\_\_\_
2. Body Art Facility Address: \_\_\_\_\_
3. Body art Facility Telephone: \_\_\_\_\_
4. Mailing Address (if different): \_\_\_\_\_
5. Body Art Facility Applicant: \_\_\_\_\_
6. Address of Applicant: \_\_\_\_\_
7. Name of Owner (if different from applicant): \_\_\_\_\_
8. If corporation or partnership, list name, title and home address of officers or partners:

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

8A. 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 plans and specifications of the proposed facility to demonstrate compliance with the Body Art Ordinance at time of original application and upon any change in facility layout.
- B. Copy of Client Application and Consent Form for Body Art to be used within the Facility.
- C. Copy of Aftercare Instructions to be used by all practitioners within the Facility.
- D. Name of waste hauler that services facility:

\_\_\_\_\_

E. 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 December 31 of this year. I understand that any notice required to be given by the Rockland Board of Health to me may be given by mailing the notice to the address of the last place of business (facility address) of which I have notified the Rockland Board of Health. I have received a copy of the Town of Rockland Ordinance on the Regulation of Body Art. 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 anyway.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Name and Title (Print)

Office Use Only:

Facility Inspection Date: \_\_\_\_\_

Inspector: \_\_\_\_\_

\_\_\_\_\_ Approved

Effective Date: \_\_\_\_\_

License #: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

\_\_\_\_\_ Disapproved, Comment: \_\_\_\_\_

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