



CITY of BEVERLY
BOARD of HEALTH
 90 Colon Street
 Beverly, Massachusetts 01915
 Phone (978) 921-8591
 Fax (978) 922-5695



Public Health
 Prevent. Promote. Protect.

Mayor
 Michael P. Cahill
 Director of Public Health
 Laura DelleChiaie

Initial = \$400
 Renewal = \$300

Body Art Establishment Application for Permit

Establishment Name: _____

Establishment Address: _____

Establishment Mailing Address (if different): _____

Establishment Telephone No.: _____

Name of Owner/Operator: _____

Owner/Operator Address: _____

Owner/Operator Telephone No.: _____ 24hr Emergency No.: _____

Days and hours of operation: _____

Description of Body Art procedures performed:

List of all Body Art Practitioners employed at this establishment:

Autoclave:

Manufacturer: _____ Model No.: _____

Model year: _____ Serial No.: _____

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

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 Beverly Board of Health's Body Art Regulations.

 Signature of Owner

 Date