

TOWN OF NORWELL

Health Department

Body Art Establishment License Application

Instructions: No license will be issued until the Board of Health receives a complete application form (including all attachments and permit fee) and until the BoH conducts an inspection verifying that the shop meets all sections of the Norwell BoH Body Art Regulation. Mail a complete body art establishment license application, along with all attachments and a check or money order for the permit fee to:

Norwell Health Department
345 Main Street
Norwell, MA 02061

Application Date: _____

| Application Type: | Services Provided at Establishment: |
|--|--|
| <input type="checkbox"/> New Establishment | <input type="checkbox"/> Tattoo |
| <input type="checkbox"/> Renewal Application | <input type="checkbox"/> Piercing |
| | <input type="checkbox"/> Permanent cosmetics, micropigmentation, microblading, or similar services |
| | <input type="checkbox"/> Other |
| | Please specify: _____ |

Establishment Information

Shop Name: _____ Shop Phone Number: _____

Shop Address: _____

Hours of Operation: _____

Owner Name: _____ Manager Name: _____

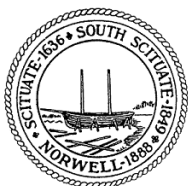
Owner Address: _____

Owner Phone Number: _____ Owner Email: _____

☐ If ownership is a partnership or corporation, list the name, physical address (no PO Box), and phone number of all partners or corporate officers on a separate attached page and check this box.

Body Art Establishment License Fee \$300

Payments must be made by Check or Money Order, made payable to: Town of Norwell



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Attach copies of the following required documents:

- ☐ Zoning Board of Appeals Decision for Special Permit
- ☐ Physical floor plan of the establishment
- ☐ Written Emergency Plan
- ☐ Manufacturer and Model Number of sterilization units
- ☐ List of other multiple use equipment (including manufacturers and model numbers)
- ☐ Evidence of contract with an approved Contaminated Waste Hauler in accordance with 105 CMR 480.000

Applicant Statement of Consent

I understand that this license is valid only in the Town of Norwell and expires one year after the date that it is issued. I also understand that any notice to be mailed to me by the Norwell Health Department will be mailed to the owner address indicated on the application and a copy of such notice will also be mailed to the address of the Body Art Establishment that I have indicated above.

I have read the Norwell Board of Health Body Art Regulation and understand the obligations and requirements imposed upon a licensed Body Art Establishment owner/operator by those regulations. I also agree to comply with all the regulatory requirements while operating in the Town of Norwell.

I further understand that it is my responsibility to ensure that individual body art practitioners working in this establishment have a current valid Norwell Health Department Body Art Practitioner License and comply with all applicable health, safety, sanitation, sterilization, and work practice regulations as specified in the Norwell Board of Health Body Art Regulation.

I hereby certify, under penalties and pains of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and in no way misrepresented.

Shop Owner Signature

Date

Shop Owner Name (printed)