

Complete and return this form with registration fee(checks payable to Town of Abington) to:

Town of Abington
Board of Health
500 Gliniewicz Way
Abington, MA 02351

Body Art Establishment Permit Application

1. Establishment name: _____
2. Establishment Address: _____
3. Establishment Mailing Address(If different) _____
4. Establishment Telephone Number _____
5. Applicant Name & Title _____
6. Applicant Address: _____
7. Applicant Telephone Number: _____ 24 Hour Emergency Number _____
8. Owner Name and Title(If different from applicant) _____
9. Owner Address(If different from applicant) _____

Type of Establishment

Body Piercing Only Tattooing Both

Has any owner or operator ever held a Body Art practitioner permit before?

____ YES

____ NO

If yes, please provide the following information

Name of Practitioner: _____

City/State of License or Permit _____

License Number _____ Current Status _____

Has any or operator ever held a body establishment permit before?

_____ Yes

_____ No

If yes, please provide the following information:

Name of Establishment _____

Address/City/State _____

Establishment License Number _____ Current Status _____

Please Provide the Following:

- Manufacturer, model number, model year, and serial number of the autoclave
- Policy on Infection Control
- Drawing of the floor plan of the proposed establishment
- Exposure Incident Form
- Injury Report Form
- Sharps Disposal Contract
- Waste Disposal Company Licensed by Abington Board of Health
- Certificate of Occupancy
- Check in amount of \$275 payable to the Abington Board of Health

Body Art Practitioner License Statement of Consent:

I consent to abide by the rules and regulations and recommended procedures on the prevention of disease transmission in body art, sanitation, sterilization, handling of infections, universal body fluid precautions, sharp and biologic waste disposal, and wound care as stated in the Federal Register of EPA Rules and Regulation on Blood Borne Pathogens

I Certify under the pains of the penalties that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way

Date

Signature

Office Use Only:

Approved, Effective Date: _____ License# _____

Disapproved, Comment: _____