

*COMMONWEALTH OF MASSACHUSETTS*  
**TOWN OF PLYMOUTH – BOARD OF HEALTH**  
**508-747-1620 x118**

Body Art Facility License May 1<sup>st</sup> through April 30<sup>th</sup> Annually

**FEE: \$150.00**

**MAKE CHECK PAYABLE TO: Town of Plymouth**

**RETURN TO: Health Dept., 11 Lincoln St., Plymouth, MA 02360**

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 Plymouth Board of Health's Regulations for Body Art Establishments; which were attached to this application.

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**FOR OFFICE USE ONLY:**

MA DRIVER LICENSE COPY: \_\_\_\_\_ MUNIS NUMBER: \_\_\_\_\_ ACCESS: \_\_\_\_\_

WORKER'S COMPENSATION CERTIFICATE RECEIVED: \_\_\_\_\_

**BODY ART LICENSES EXPIRE ON APRIL 30TH. LICENSES ARE NON-TRANSFERRABLE**