



Commonwealth of Massachusetts  
**TOWN OF PLYMOUTH**  
**PUBLIC HEALTH DEPARTMENT**  
 508-747-1620 X10118  
 Fax: 508-830-4062  
 26 Court Street  
 Plymouth, Massachusetts 02360

**FEE: \$150.00**

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

**MAKE CHECK PAYABLE TO: Town of Plymouth**  
**RETURN TO: Public Health Department, 26 Court St., Plymouth, MA 02360**

In accordance with Section 9 of the Board of Health Body Art Regulations Section 51 through 53, Chapter 140 of the General Laws, of the Commonwealth of Massachusetts, I hereby apply for a license to:

**APPLICATION TO OPERATE A BODY ART FACILITY**

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Website Address: \_\_\_\_\_

Owners Name and Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ (Scan and attach a valid copy that is not expired.)

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 to 1) acknowledge the review and familiarity with the Plymouth Board of Health's Regulations for Body Art Establishments and 2) agree to the adherence and compliance of the BOH Regulation for Body Art Establishments.

**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**