

**Millis Board of Health**

**Application for New and Renewal of a Body Art Establishment**

**Annual Establishment Fee: \$1,000.00**

**plus Plan Review Fee: \$300.00 (new establishment)**

In accordance with the Millis Board of Health Regulations, application for a Body Art Permit is hereby made by:

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Person or Agency Responsible for the Business:** \_\_\_\_\_

- If business is a sole proprietorship, the information below should be for the proprietor.
- If business is a corporation, the information below should be for an officer of the corporation.

**Name of person responsible for business:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Emergency Phone #** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Hours of Operation:** \_\_\_\_\_

**Number of Practitioners under this Millis Body Art Establishment Permit:** \_\_\_\_\_

**Names of Body Art Practitioners (Registered under Body Art Establishment):**

1. **Name:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_

4. **Name:** \_\_\_\_\_

**Application must include the following (annually):**

**Waste Hauler for Establishment:** \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Description of Services | <input type="checkbox"/> Consent and Release Form    | <input type="checkbox"/> Disclosure Statement  |
| <input type="checkbox"/> Emergency Plan          | <input type="checkbox"/> Exposure Control Plan       | <input type="checkbox"/> Incident Report Sheet |
| <input type="checkbox"/> Autoclave Information   | <input type="checkbox"/> Material Safety Data Sheets | <input type="checkbox"/> Floor Plan            |

This application must be filled out completely before a license will be issued and must be accompanied with a check written to "Town of Millis" for the amount noted on top of application. Incomplete applications will be returned.

I, the undersigned applicant, agree to abide by the conditions set forth in the Millis Board of Health "Rules and Regulations for Body Art Establishment".

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_