



Board of Health  
 212 Main Street  
 Northampton, MA 01060  
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 Director of Public Health: Merridith A. O’Leary, R.S.

<b>FOR BOARD OF HEALTH USE ONLY</b>
Amt Received: _____
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Workers Comp Affidavit <input type="checkbox"/>

## 2019 APPLICATION FOR A PERMIT TO OPERATE A BODY ART ESTABLISHMENT

PERMIT FEE: \$150.00 **ALL FEES PAID ARE NON-REFUNDABLE**

**NO PERMITS WILL BE ISSUED IF TAXES ARE OWED**

Establishment Name: (dba): \_\_\_\_\_ Establishment Tel.#: \_\_\_\_\_

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

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

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

Owner/Applicant Name & Title: \_\_\_\_\_

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

**NOTE: EACH BODY ART ESTABLISHMENT APPLYING FOR A PERMIT MUST SUBMIT A LIST OF ALL PRACTITIONERS OF BODY ART OPERATING IN THAT ESTABLISHMENT.**  
 The list shall be provided yearly at the time of application renewal. All individual Practitioners of Body Art must be permitted separately by the Northampton Board of Health.

**LIST BELOW ALL PERMITTED PRACTITIONERS OF BODY ART WORKING AT THIS ESTABLISHMENT:**

NAME OF PRACTITIONER	HOME ADDRESS OF PRACTITIONER	PHONE #

**List any additional Practitioners working at this Establishment on the back of this application.**

Signature of Body Art Establishment Owner: \_\_\_\_\_

Social Security or Federal ID Number: \_\_\_\_\_

**PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON**  
*Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filled all state tax returns and paid state taxes required under law.*