



Town of Uxbridge

Board of Health

21 South Main Street

Uxbridge, MA 01569

508-278-8600 Ext.8

boh@uxbridge-ma.gov

Application for Body Art Establishment Permit

Date: _____, 20____

Non-Refundable Fee **\$150.00**

(Checks made payable to Town of Uxbridge)

A permit for Body Art Establishments shall not be transferable from one place or person to another. This requires a new application and license. A satisfactory inspection by the Board of Health is required before the issuance of the Body Art Establishment permit.

Establishment Information

Name of Body Art Establishment: _____

Address of Establishment: _____

Mailing Address of Establishment: _____

(If different than establishment address)

Telephone Number of Establishment: _____

Applicant Information

Name of Applicant: _____

Address of Applicant: _____

Telephone Number of Applicant: _____

Email of Applicant: _____

Staff Information

Name, Addresses and Telephone Numbers of Licensed Body Art Practitioners:

1. _____
2. _____
3. _____
4. _____

Definition of Services to be Provided:

List the manufacture, model number, model year and serial number of the autoclave used in this establishment:

Please circle one

Municipal Water

Private Well

If water supply is a private well, provide testing for negative bacterial assay of the water and Public Water Supply Identification Number.

Attach the following

1. Documentation of the Autoclave's ability to destroy spores (Section 22.4 (C) (4)
2. A drawing of the floor plan of the establishment to scale.
3. A copy of the applicants' valid government ID example – state issued driver's license, passport or passport card, state issued ID.
4. Copy of Certificate of Insurance for Workers' Compensation and Liability with the Uxbridge Board of Health listed as a certificate holder

I hereby declare, under penalty of perjury, that the foregoing information contained in this application is true and correct. I have received, read and understand the requirements of the Uxbridge Board of Health Article XXII Body Art Establishment Regulations.

Signature of Applicant

Date

REAP ATTESTATION FORM

Massachusetts Department of Revenue

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

**Social Security Number (Voluntary) or Federal Identification Number

*This license will not be issued unless this certification is signed by the applicant.

**Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law C. 62C. s. 49A.