

**Medford Board of Health**  
**Application for Body Art Establishment – Permanent Cosmetics**  
**(Microblading/Pigmentation, Makeup, etc.)**

**\*\*\* (Application NOT accepted without prior Zoning approval) \*\*\***

**Initial Application**

**Renewal Application**

**Include:**

- Application
- Application fee of \$300.00
- A floor plan of the establishment
- A copy of the contract for Hazardous Waste and Sharps removal

Name of Establishment: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

---

Operator's Name: \_\_\_\_\_

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

Home Telephone #: \_\_\_\_\_

---

**Practitioners in Establishment: (attach sheet if additional space is required)**

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Years of Service</u>
-------------	----------------	----------------	-------------------------

---

Autoclave:     Yes                       No            If Yes

Manufacturers Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Model Year: \_\_\_\_\_ Serial #: \_\_\_\_\_

---

I, \_\_\_\_\_ have received, read and understood the Medford  
(Name of Operator)

Board of Health Body Art Regulations. I further agree to comply with the regulations, and understand that any violation will at least, but not be limited to a fine or closure of the establishment.

\_\_\_\_\_  
(Signature of Establishment Operator)

\_\_\_\_\_  
(Date)