



MaryAnn O'Connor
 Director
 Board of Health

City of Medford

BOARD OF HEALTH

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 Medford, Massachusetts 02155

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APPLICATION FOR ESTABLISHMENT

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

- Initial Application Renewal Application Tattoo Body Piercing
- Permanent Cosmetics (Microblading/ Pigmentation, Make Up, ect.)

Include:

- Application
- Application fee of \$350.00
- A floor plan of the establishment
- A copy of the contract of Hazardous Waste and Sharps removal

Name of Establishment: _____

Address: _____

Telephone #: _____

Operator's Name: _____

Home Address: _____

Home Telephone #: _____ Email: _____

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

Name _____ Address _____ Phone # _____ Years of Service _____

Autoclave: Yes No

If Yes: Manufacturers Name: _____

Model # : _____ Model Year: _____ Serial #: _____

I, _____ have received, read, and understood the Medford Board of Health Body Art
 (Name of Operator)

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)