

**Town of Wakefield  
Board of Health  
William J. Lee Memorial Town Hall  
One Lafayette Street  
Wakefield, MA. 01880  
Tel. (781) 246-6375 Fax. (781) 224-5018**



**Application for Body Art Establishment Permit**

**Permit Fee: \$200.00**

***(Please Print)***

Name of Establishment: \_\_\_\_\_  
Establishment Address: \_\_\_\_\_  
Establishment Tel. No.: \_\_\_\_\_  
Name of Establishment Owner: \_\_\_\_\_  
Residence Address & Tel. No. of Owner: \_\_\_\_\_

\_\_\_\_\_  
Name of Facility Manager: \_\_\_\_\_  
Hours & Days of Operation: \_\_\_\_\_

Have you provided the name, address and tel. # of your spore testing lab?      YES    NO

Have you provided the name, address & tel. # of both your hazardous/medical waste removal contractor?      YES    NO

Have you provided evidence of extermination of the premises?      YES    NO

Is your facility equipped with sinks supplied with hot and cold running water?      YES    NO

Does your facility have an autoclave, which can operate at 275°F under 20 PSI pressure for 20 minutes?      YES    NO

Have you submitted a copy of the consent forms, which include post procedure and instructions that your establishment will use?      YES    NO

I verify that I have read and understand the Wakefield Board of Health Body Art Regulations and by signing below agree to abide by the regulation in its entirety.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

In addition, pursuant to MGLc.62c, s49a, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date