PERMITS ARE TO BE PAID BY CHECK PAYABLE TO TOWN OF WAKEFIELD

Town of Wakefield

Board of Health

William J. Lee Memorial Town Hall
One Lafayette Street
Wakefield, MA. 0l880
Tel. (781) 246-6375 Fax. (781) 224-5018

Application for Micro Pigmentation Establishment Permit

Permit Fee: **$200.00**

(Please Print)

(1) Establishment Name:
(2) Establishment Address:
(3) Establishment Mailing Address (if different)
(4) Establishment Telephone No.
(5) Owner/Operator Name
(6) Owner/Operator Address
(7) Owner/Operator Telephone No. 24 Hr Emergency No.

Days of operation:	
Hours of operation:	

Description of Micro-pigmentation procedures performed:

List of all Micro-pigmentation practitioners at this establishment:

_____ _____
_____ _____
_____ _____

Autoclave:

Mfg:		Model No:	
Model Year:		Serial No.	

Attachments: Floor Plan Exposure Control Plan Client Application/Consent Form
Aftercare Instructions Biomedical Waste Vendor

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that I have received, read and understand the requirements of the Wakefield Board of Health's Micro-Pigmentation Regulations.

Signature of Owner: _____ Date: _____