



TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

*Medway Town Hall
155 Village Street
Medway, MA 02053
Phone (508) 533-3206*

BOARD OF HEALTH

Body Art Establishment Permit Application

Date: _____

Type of Application: ☐ New ☐ Renewal

Type of Body Art: ☐ Tattoo ☐ Piercing ☐ Tattoo/ Piercing
 ☐ Branding ☐ Scarification ☐ Other: _____

Establishment Information:

Establishment Name: _____

Address: _____, Medway MA 02053

Mailing Address (if different): _____

Phone Number: _____ Email: _____

Applicant Information:

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Owner/ Operator Information:

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Autoclave:

Manufacturer: _____ Model Number: _____

Model Year: _____ Serial Number: _____

Body Art Practitioners:

Please list information for all body art practitioners working in the establishment

Name	Address	Phone Number

Statement: Pursuant to M.G.L. Ch. 62C, Sec. 49A, 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 law. I hereby attest to the accuracy of the information provided in the application. I received, read, and understood Medway's Body Art regulations and affirm to comply with all rules and requirements of Medway's Board of Health. I understand that false statements shall constitute grounds for denial.

Name (Please Print)_____
Signature**Submit the following:**

- Completed Body Art Establishment Permit Application. Incomplete applications and missing documents may delay the review and permitting process.
- Permit Fee- \$200- Make check payable to "Town of Medway"
- Workman's Compensation Affidavit (*we have attached for you*)
- Certificate of Liability
- Floor plan (for new permit applications only)