

**SPRINGFIELD HEALTH AND HUMAN SERVICES DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH**

**NEW
FEE: \$125/yr.**

**311 STATE STREET SPRINGFIELD, MASSACHUSETTS 01105
PHONE: (413) 787-6740 FAX: (413) 787-6458**



NEW BODY ART ESTABLISHMENT APPLICATION FOR LICENSE

DATE: _____ **TELEPHONE #** _____

NAME OF ESTABLISHMENT: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TYPE OF BUSINESS: () **PIERCING** () **TATOOING** () **COSMETIC TATOOING**
() **OTHER (please describe)** _____

NAME OF OWNER (print) _____

ADDRESS OF OWNER: _____

CITY: _____ **STATE:** _____ **ZIP** _____

SOCIAL SECURITY OR FEDERAL ID NUMBER: _____

NAME OF MANAGER, IF DIFFERENT THAN ABOVE: (print) _____

(print) BODY ART PRACTITIONER(S) WORKING AT THE ESTABLISHMENT:

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

PLEASE PROVIDE THE FOLLOWING:

- A drawing of the floor plan of the proposed establishment to scale for a plan review by the Department, as part of the permit application process.
- The manufacturer, model year, serial and model numbers, where applicable, of the autoclave used in the establishment.
- I, THE UNDERSIGNED, HAVE RECEIVED, READ AND UNDERSTOOD THE CITY OF SPRINGFIELD ORDINANCE GOVERNING BODY ART ESTABLISHMENTS AND PRACTITIONERS.
- PURSUANT TO M.G.L CHAPTER 62C, SECTION 49A, I CERTIFY UNDER PENALTIES OF PERJURY THAT I, TO THE BEST OF MY KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL TAXES REQUIRED UNDER LAW.

IF OWNERSHIP IS A PARTNERSHIP OR CORPORATION, PLEASE LIST NAME AND ADDRESS OF PARTNER(S) OR CORPORATE OFFICER(S): (print)

BELOW, SIGNATURE OF OWNER, INDIVIDUAL OR CORPORATE OFFICER (IF APPLICABLE)

NAME: _____

***make Business check or Money Order for \$125.00 payable to the City of Springfield (permit is non-transferable) and send with application to the above address.**