



BODY ART ESTABLISHMENT Permit Application

Application Submission Date:

Name of Establishment:	
Establishment Address:	Zip Code:
Phone:	
E-mail Address:	

Owner of Establishment:	Date of Birth:
Residence Address:	
Phone:	
E-mail Address:	
Name of Operator / Body Artist:	

Name of FDA Approved Sterilization / Autoclave Unit:	
Manufacturer:	
Address:	Phone:
Serial Number:	
Model:	Model Year:

Practitioners (Certificates for First Aid and CPR, and bloodborne pathogen training date(s) for all body artists required)

Name:
Name:
Name:

I, _____, have received, read and acknowledge the requirements per the Randolph Board of Health Regulation, Article XIV.

Signature

Date



If you have any questions concerning this matter or if you need a translator for any of this material, you may contact the Public Health office at (781) 961-0924 or gcody@randolph-ma.gov.

Sincerely,

Gerard F. Cody
R.E.H.S. / R.S. / C.P.H., C.H.O., CP-FS
Public Health Commissioner