



TOWN OF ROCKLAND

Board of Health

Town Hall

242 Union Street

Rockland, Massachusetts 02370

TATTOO PERMIT APPLICATION

Enclosed is your application for Tattoo Permit which is required each year for consideration. Applications must be filed with the Board of Health Office

Please provide the following documents:

- Completed Workers' Compensation Affidavit
- Certificate of Workers Comp Liability (if applicable)
- Certificate of General Liability Insurance
Insurance rider must be addressed to:
The Town of Rockland BOH
242 Union St
Rockland, MA. 02370
- Check made payable to the Town of Rockland in the appropriate amount
- Additional Information listed on Permit (pg. 3)
- Completed & signed Application



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Application for Body Art Establishment Permit

DATE: _____

New Application _____ Renewal _____ F.I.D. # _____

Body Art Establishment Name: _____

Body Art Establishment Address: _____

Body Art Establishment Mailing Address: _____

Body Art Establishment Practitioner: _____

Home Address of Practitioner: _____

Name of Owner (if different from Practitioner: _____

Phone #: **B:** _____ **C:** _____ **H:** _____

Email Address: _____

If Corporation or Partnership provide Name, Title & Address

Name: _____ Title: _____

Address: _____

State of Incorporation: _____

Emergency Contact Name: _____ # _____

Establishment Permit Type:

Body Piercing (only) _____ Tattooing, Branding and Scarification (only) _____ Both _____

Establishment hours of Operation:

Monday – Friday _____ Saturday _____ Sunday _____

Upon satisfactory review of the application and receipt of the permit fee, The Rockland Board of Health will issue a numbered establishment permit.



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Please Provide Following:

- Scaled plans and specifications of the proposed establishment to demonstrate with the Body Art Ordinance at time of original application and upon any change in facility layout.
- Copy of Client Application and Consent Form for the establishment to be used within the Facility.
- Copy of the Aftercare Instructions used by all practitioners within the establishment
- Name of Waste Hauler that services the establishment:
(please see list of Waste Haulers permitted through the Town of Rockland)

Name: _____

Address: _____

- Name of waste hauler that services the establishment for contaminated waste and Sharps:

Name: _____

Address: _____

Consent:

I understand that this permit expires on December 31 of this year. I understand that any notice required to be given by the Rockland Board of Health to me may be given by mailing the notice to the address of the last place of business (facility address) of which I have notified the Rockland Board of Health. I have received a copy of the Town of Rockland Ordinance on the Regulation of Body Art. I agree to abide by these regulations and procedures.

I agree to post the following valid and updated documents conspicuously in my place of business at all time:

- Original Licenses for all Body Art Practitioners working in the facility.
- Original License for Body Art Facility

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in anyway.

DATE

Signature

Printed Name