Board of Health
212 Main Street
Northampton, MA 01060
Tel: (413) 587-1214 ● Fax: (413) 587-1221
Director of Public Health: Merridith A. O'Leary, R.S.

FOR BOARD OF HEALTH USE ONLY
Date: _____
Amt Received: _____
Cash/Check No: _____
Received by: _____
Workers Comp Affidavit ☐

2021 APPLICATION FOR A PERMIT TO OPERATE A BODY ART ESTABLISHMENT

PERMIT FEE: $150.00 ALL FEES PAID ARE NON-REFUNDABLE

NO PERMITS WILL BE ISSUED IF TAXES ARE OWED

Establishment Name: (dba): _____ Establishment Tel.#: _____

Establishment Address: _____

Mailing Address: _____

Email Address: _____

Owner/Applicant Name & Title: _____

Owner Address: _____

NOTE: EACH BODY ART ESTABLISHMENT APPLYING FOR A PERMIT MUST SUBMIT A LIST OF ALL PRACTITIONERS OF BODY ART OPERATING IN THAT ESTABLISHMENT.
The list shall be provided yearly at the time of application renewal. All individual Practitioners of Body Art must be permitted separately by the Northampton Board of Health.

LIST BELOW ALL PERMITED PRACTITIONERS OF BODY ART WORKING AT THIS ESTABLISHMENT:

NAME OF PRACTITIONER	HOME ADDRESS OF PRACTITIONER	PHONE #

List any additional Practitioners working at this Establishment on the back of this application.

Signature of Body Art Establishment Owner: _____

Social Security or Federal ID Number: _____

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filled all state tax returns and paid state taxes required under law.