



**Town of Dedham**  
 Board of Health  
 450 Washington Street  
 Dedham, MA 02026  
 (781) 751- 9220  
 F: (781) 751-9229  
 www.dedham-ma.gov



**Public Health**  
 Prevent. Promote. Protect.

### Body Art Establishment Permit Application

**Fee:** \$1,000.00

**Establishment:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
           Dedham, MA 02026  
 Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Operator's name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Emergency #: \_\_\_\_\_

**Owner:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Emergency #: \_\_\_\_\_

**Autoclave:**

Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_  
 Model Number: \_\_\_\_\_ Model Year: \_\_\_\_\_

**Body art practitioners working at the establishment:**


*The following must be submitted with the application:*

- Exposure Report Plan
- Establishment Floor plan
- Autoclave manual
- Contract for autoclave monthly spore destruction with laboratory
- Emergency Plan
- Completed applications for all body art practitioners working at the establishment

*By signing you are confirming that you have read and understand the Town of Dedham Rules and Regulations for Body Art Establishments and Practitioners. You also agree to abide by these regulations set forth by the Town of Dedham Board of Health. **If your establishment is in non-compliance with these regulations, you may have your permit suspended indefinitely.***

\_\_\_\_\_  
 Applicant/Owners Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 FID# or SS#