



# Town of Hull

**Board of Health**  
TEL: (781) 925-2224  
FAX: (781) 925-2228

**253 ATLANTIC AVE**  
HULL, MA 02045

## Application For Body Art Facility License

Complete and return this form with \$500 registration fee (payable to Town of Hull) to:

**Hull Health Department**  
253 Atlantic Ave  
Hull, MA 02045

Upon satisfactory review of the application and receipt of the license fee, a license will be issued by the Hull Health Department.

New Application

Renewal

1. Body Art Facility Name: \_\_\_\_\_
2. Body Art Facility Address: \_\_\_\_\_
3. Body Art Facility Telephone: \_\_\_\_\_
4. Mailing Address (if different): \_\_\_\_\_
5. Body Art Facility Applicant: \_\_\_\_\_
6. Address of Applicant: \_\_\_\_\_
7. Name of Owner (if different from applicant) \_\_\_\_\_
8. If corporation or partnership, list name, title and home address of officers or partners:

Name

Title

Home Address

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9. State of Incorporation: \_\_\_\_\_
10. Emergency Response Person: Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_
11. Facility License Type: (circle) Body Piercing (only)  
Tattooing (only)  
Both

**Facility Hours of Operation: Sunday-Thursday: \_\_\_\_\_ Friday & Saturday \_\_\_\_\_**  
(Town of Hull, Board of Health Rules and Regulations, Chapter 215-18, Hours of Operations (9AM-10PM))

**12. Provide the following:**

- A. Scaled plans and specifications of the proposed facility to demonstrate compliance with the Body Art Ordinance at time of original application and upon any change in facility layout.**
  - B. Present original and provide copy of Business Certificate issued by the Town Clerk under the provision of MGL c. 110 § 5**
  - C. Copy of Client Application and Consent Form for Body Art to be used by the Facility**
  - D. Copy of Aftercare Instructions to be used by all practitioners within the Facility**
  - E. Copy of Facilities Exposure Control Plan**
  - F. Name of waste hauler that services facility:**
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**G. Name of waste hauler that services facility for contaminated waste and sharps:**

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**H. Manufacturer, model #, model year & serial number of Autoclave or other approved sterilization unit:**

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**Applicant/Body Art Facility Licensee Statement or Consent:**

I understand that this registration expires one year from the date of issuance. I understand that any notice required to be given by the Hull Health Department 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 Hull Health Department. I have received a copy of the Town of Hull, Board of Health Rules and Regulations Chapter 215-18 and the MGL 105 CMR 124 Model Regulations for Body Art Establishments. 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 times:

- Original Licenses for all Body Art Practitioners working in the facility, and
- 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 any way.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (Print)

<b>Office Use only:</b>	<b>Facility Inspection Date:</b> _____
	<b>Inspector:</b> _____
<b>Approved, _____</b>	<b>Effective Date:</b> _____ <b>License #</b> _____
<b>Fee Paid:</b> _____	
<b>Disapproved, Comment</b> _____	