

BOARD OF HEALTH – TOWN OF WARE

TOWN HALL, 126 MAIN STREET
WARE, MA 01082
Ph# (413)967-9615
Fx#(413)967-9646

APPLICATION FOR PERMANENT COLOR / TATTOO / BODY ART FACILITY LICENSE

COMPLETE ALL PARTS OF THIS FORM. PLEASE TYPE OR PRINT IN BLACK OR BLUE INK. \Call the Board of Health Office if you have any questions. Incomplete applications will be returned. Use "N/A" to indicate information that is not applicable.

ENCLOSED PERMIT FEE of \$ _____ check made payable to the Town of Ware.

◇ A TATTOO/BODY ART FACILITY LICENSE WILL NOT BE ISSUED UNTIL THE ESTABLISHMENT PASSES INSPECTION BY AN AGENT OF THE WARE BOARD OF HEALTH FOR COMPLIANCE WITH "REGULATIONS FOR BODY ART ESTABLISHMENTS" IN THE TOWN OF WARE.

INDICATE TYPE OF FACILITY:

Sole Proprietorship Partnership Corporation

Indicate type of art to be performed: Tattoo Piercing Scarification Branding

Name of facility Scheduled opening date

Facility location (Please include suite, space or room # if applicable) City State Zip Code

Business phone # Home Phone #

Facility Mailing Address (If mail can not be delivered to the physical location of the facility)

Owner (Not the landlord) Will you practice at this facility? Yes No Artist License #
Issued by Ware Board of Health

Co-owner (If applicable) Will you practice at this facility? Yes No Artist License #
Issued by Ware Board of Health

Registered agent (if corporation) Will you practice at this facility? Yes No Artist License #
Issued by Ware Board of Health

I have examined this application and attached documents, and certify that they are true, correct and complete. I understand that knowingly making a false statement in this application will be cause for denial, suspension, or revocation of this registration. I have enclosed the required fees and documentation. I will comply with the laws and rules adopted by the Ware Board of Health.

Owner or Registered Agent's Signature: Date

Co-Owner's Signature: Date