



**TOWN OF TRURO
BOARD OF HEALTH
APPLICATION FOR BODY ART ESTABLISHMENT PERMIT**

Fees due upon approval: **\$150 total**

Renewal ☐ New ☐

Type of Establishment: ☐ Body Piercing ☐ Tattooing, Branding, Scarification ☐ Both

In accordance with MGL c.111, Section 31, and Section XIII, of the Truro Board of Health Body Art Regulations, the undersigned makes application to the Board of Health or approving authority to operate a body art establishment in the Town of Truro.

Applicant Information:

Name: _____ Email: _____

Establishment Name: _____

Business Address: _____

Mailing Address: _____

Phone: _____

Type of Ownership: ☐ Sole Proprietor ☐ Corporation ☐ Partnership

Establishment Information: Please list all licensed practitioners.

Required Documents to be submitted with this Application:

- | | |
|--|--|
| <input type="checkbox"/> Certificate of Occupancy | <input type="checkbox"/> Health Related Release Form |
| <input type="checkbox"/> Emergency Plan | <input type="checkbox"/> After Care Instructions |
| <input type="checkbox"/> Health History/Client Informed Consent Form | <input type="checkbox"/> Floor Plans |

Certification

I certify that the information I have provided is true and accurate. I fully understand that granting of the annual Body Art Establishment Permit is contingent upon my adherence to all applicable State laws and local regulations governing body art. Failure to comply may result in the suspension or revocation of my annual permit to operate and any other legal action deemed appropriate by the Town of Truro.

Signature of Applicant

Date