



Billerica Board of Health

Town Hall
365 Boston Road
Billerica, MA 01821
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Web Site www.town.billerica.ma.us

APPLICATION FOR BODY ART ESTABLISHMENT **Pursuant to Board of Health Regulations Chapter 3, Section 3.12.005**

PLEASE PRINT

FEE _____

(\$200.00 for 1 work area
\$50.00 each add'l work area)

___NEW ___RENEWAL

DATE _____

NAME OF ESTABLISHMENT _____ TELEPHONE # _____

ADDRESS OF ESTABLISHMENT _____

MAILING ADDRESS (if different) _____

E-MAIL ADDRESS _____

NAME OF OWNER _____

ADDRESS OF OWNER _____

TITLE _____ TELEPHONE # _____

Days & Hours of Operation _____

I HAVE READ AND UNDERSTAND BILLERICA HEALTH REGULATIONS RELATED TO THE OPERATION OF A BODY ART ESTABLISHMENT AND REGULATIONS RELATED TO THE REQUIREMENTS FOR BODY WORKERS, AND AGREE TO COMPLY WITH SAID REGULATIONS. I FURTHER UNDERSTAND THAT ANY ACTIVITY CAUSING A VIOLATION OF SAID REGULATIONS MAY RESULT IN ADMINISTRATIVE ACTION WHICH MAY INCLUDE BUT NOT BE LIMITED TO SPECIAL FEES, FINES, SUSPENSION OR REVOCATION OF A PERMIT OR OTHER LEGAL ACTION DEEMED NECESSARY BY THE BOARD OF HEALTH.

initials

Pursuant to Billerica Health Regulations, Chapter 1, Section 1.9.001 this application is subject to a thirty (30) day review and approval period.

LATE RENEWALS WILL BE ASSESSED A LATE FEE IN ACCORDANCE WITH THE MOST CURRENT BOARD OF HEALTH FEE SCHEDULE. LATE FEES ARE EQUAL TO THE ORIGINAL PERMIT FEE. FAILURE TO TAKE APPROPRIATE ACTION TO RENEW PERMITS MAY RESULT IN ADDITIONAL FEES OR FINES TO BE IMPOSED OR OTHER ADMINISTRATIVE ACTION.

Pursuant to Massachusetts General Law Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Print Name of Owner

Signature of Owner Date

Social Security # / Federal Identification #

RECEIVED

Signed under pains and penalties of perjury this _____ day of _____, 20____