

Date Received: _____ Amount Paid **\$200** Check # _____ Permit # _____

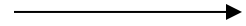
ABOVE FOR OFFICE USE ONLY



CITY OF CHICOPEE BOARD OF HEALTH
**APPLICATION TO OPERATE A
BODY ART ESTABLISHMENT
2023**

Chicopee Health Department
115 Baskin Drive, Chicopee, MA 01020
(413) 594-3557

See reverse for a list of
required documents



Name of Establishment _____

Business Address _____ Phone _____

Mailing Address (If Different) _____

Email Address _____

Owner, Corporation, or Partnership information:

Name _____ Title _____ Address _____ Phone# _____

Body Arts practiced at the establishment:

Tattoo Piercing Cosmetic Tattoo (e.g., permanent cosmetics, micropigmentation, dermal pigmentation)

Body Art Practitioner(s) working at the establishment:

Manufacturer information on autoclave and ultrasonic cleaning devices, if applicable:

Name of Device _____ Manufacturer _____ Model Number _____ Model Year _____ Serial Number _____

Name and Address of Contaminated Waste Hauler: _____

APPLICATIONS MUST BE FILLED OUT COMPLETELY AND SUBMITTED WITH THE APPROPRIATE FORMS AND FEES. INCOMPLETE APPLICATIONS WILL BE RETURNED.

RENEWAL APPLICATIONS NOT POST MARKED BY NOVEMBER 30TH WILL BE SUBJECT TO A \$100.00 LATE FEE. ANY FACILITY THAT HAS NOT SUBMITTED A RENEWAL APPLICATION BY DECEMBER 31ST, WILL BE CONSIDERED OPERATING WITHOUT A PERMIT AND ORDERED TO CLOSE UNTIL ALL OF THE PROPER PAPERWORK IS SUBMITTED.

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with the regulations set forth in The City of Chicopee Rules and Regulations for Body Art Establishments and Practitioners. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

SIGNATURE OF APPLICANT

Date

CHECK OR MONEY ORDER ONLY

MAKE PAYABLE TO: THE CITY OF CHICOPEE

NO REFUND

Apply online at: permiteyes.us/chicopee/loginuser.php

Required Documents

The following documents must be submitted with the Body Art Establishment Application and fee. Applications submitted without these documents will be returned to applicant.

- Physical Floor Plan
- Certificate of Occupancy
- Written Emergency Plan
- Written Exposure Plan
- Exposure Report Form
- Health History and Client Informed Consent Form
- Discloser Statement
- Client Aftercare Instructions
- Injury Report Form
- Manufacturer and Model Numbers of all Sterilization equipment
 - Proof of contract with an independent laboratory for monthly autoclave spore destruction tests
- List of other multiple use equipment (include manufacturer and model numbers).
- Proof of contract with an approved Contaminated Waste Hauler in accordance with 105 CMR 40.000