



TOWN OF WEBSTER

Health Department
350 Main Street
Webster, MA 01570
Phone: 1-508-949-3800 x 4002
Fax: 1-508-949-0845

Webster Board of Health

BODY ART ESTABLISHMENT APPLICATION

Date _____ Fee Amt. \$150.00

Facility Name _____

Facility Address _____

Facility Telephone Number _____

Hours of Operation _____

Owner Name _____

Owner Address _____

Owner Telephone Number _____

Owner Email Address _____

Operator Name _____

Operator Address _____

Operator Telephone Number _____

Operator Signature _____ Date _____

By signing this application, you certify that you have read
And understood the requirements of Webster Board of Health
Body Art Regulations.

Sign: _____

Applicant shall provide an informational sheet for the sterilization equipment used. The sheet shall include the manufacturer name, model number, model year, serial number (if available) and type of each device located within the facility. This sheet shall also include the name and address of the device supplier, installer, date of installation for each device and the servicing agent, as applicable.

THE FOLLOWING MUST ACCOMPANY THE COMPLETED APPLICATION

Completed Worker's Compensation Insurance Affidavit

Current Certificate of Liability Insurance

Copy of proper Consent Form used per Webster Body Art Regulations

Copy of the Disclosure Statement Posting

Copy of the Operating and Safety Procedures to be followed for the facility

List of Body Art Practitioners operating at this facility

Floor plan of the establishment

Application Fee