



## TOWN OF WEBSTER

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

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### Webster Board of Health

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### 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