

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  
2022**

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:**

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone#</u>
_____	_____	_____	_____
_____	_____	_____	_____

**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 30<sup>TH</sup> WILL BE SUBJECT TO A \$100.00 LATE FEE. ANY FACILITY THAT HAS NOT SUBMITTED A RENEWAL APPLICATION BY DECEMBER 31<sup>ST</sup>, 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.

\_\_\_\_\_  
SOCIAL SECURITY OR FEDERAL ID NUMBER

\_\_\_\_\_  
SIGNATURE OF APPLICANT

CHECK OR MONEY ORDER ONLY

MAKE PAYABLE TO: THE CITY OF CHICOPEE

NO REFUND

Apply online at: [permiteyes.us/chicopee/loginuser.php](http://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