



CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH
120 WASHINGTON STREET, 4TH FLOOR
TEL. (978) 741-1800
FAX (978) 745-0343
lramdin@salem.com

KIMBERLEY DRISCOLL
MAYOR

LARRY RAMDIN, RS/REHS, CHO, CP-FS
HEALTH AGENT

APPLICATION FOR PERMIT FOR BODY ART ESTABLISHMENT

PERMIT FEE: \$315.00 PER ESTABLISHMENT

COPY OF APPROVAL FOR LOCATION FROM ZONING ENFORCEMENT OFFICER ATTACHED _____

TYPE OF ESTABLISHMENT TATTOO _____ BODY PIERCING _____ MICRO-PIGMENTATION _____

NAME OF ESTABLISHMENT _____

ADDRESS OF ESTABLISHMENT _____

BUSINESS TELEPHONE NUMBER _____

NAME OF OWNER _____

ADDRESS AND PHONE NUMBER OF OWNER _____

NAME OF MANAGER _____

HOURS OF OPERATION _____

NAME OF SPORE TESTING LAB _____

PHONE NUMBER OF SPORE TESTING LAB _____

NAME OF STATE LICENSED HAZARDOUS WASTE REMOVAL COMPANY

_____ ADDRESS _____ PHONE _____

NAME OF EPA DISINFECTANT _____

NAME OF EPA-APPROVED NON-HAZARDOUS HARD SURFACE
CLEANER _____

PROVIDE EVIDENCE OF EXTERMINATION PRIOR TO OPENING AND YEARLY _____

PROVIDE A SCALE DRAWING AND FLOOR PLAN OF THE PROPOSED ESTABLISHMENT FOR PLAN REVIEW BY
HEALTH AGENT _____



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See Section 5. 12A____ or 12B____

Have you reviewed the City of Salem Board of Health Regulation #27
Body Art Regulation?

Yes No

Is your facility equipped with a handwashing sink, equipped with foot pedals or wrist levers within each toilet room,
a separate instrument sink, and a janitorial sink?

Yes No

Does your facility have one or more Ultrasonic Cleaner?

Yes No

Does your facility have a steam autoclave sterilizer that is equipped with manufacturers instructions? The
manufacturers instructions will be available at your establishment for review by Board of Health staff.

Yes No

Have you submitted a copy of an autoclaving log that will indicate dates and times of sterilization procedures, the
temperature, pounds per square inch achieved and for what length of time?

Yes No

Have you submitted a copy of the consent form which includes post-procedure care and instructions that your
establishment intends to use?

Yes No

Have you submitted a copy of your injury report forms and exposure incident report?

Yes No



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Have you submitted a copy of your infection control policy for your establishment?

Yes

No

I verify that I have read the Salem Board of Health Regulation #27 Body Piercing Regulations, and had an opportunity to ask questions, and agree to abide by it.

Signature _____ Date _____

In addition, pursuant to MGL C262C, S49A, 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 tax returns and paid all state taxes required under the law.

Signature _____ Date _____