



TOWN OF WATERTOWN  
Board of Health  
Administration Building  
149 Main Street  
Watertown, MA 02472  
Phone: 617-972-6446  
Fax: 617-972-6499  
www.watertown-ma.gov

Larry Ramdin, MPH, REHS, CHO, CP-FS  
Director of Public Health

### 2021 / 2022 Body Art Establishment Permit Renewal

Dear Owner/Applicant:

Enclosed please find the Body Art Establishment renewal application for the year June 1, 2020 to May 31, 2021. All Body Art Establishment Permits expired May 31, 2021. It is important to **complete both sides of the application**. Incomplete applications will be returned. Completed Body Art Establishment applications must include the following:

- Completed Body Art Establishment Application
- Worker's Compensation Affidavit
- Exposure Control Plan
- A copy of current Insurance Liability Coverage from an approve provider with the following:
  - General Liability Coverage for \$ 500,000.00, Tattooist Liability Coverage for \$ 100,000.00, and Piercers Liability Coverage for \$ 100,000.00
- Photocopy of your current Massachusetts drivers license or Massachusetts ID
- Body Art Establishment Permit fee of \$200.00, pay fee in cash, check or money order made payable to the 'Town of Watertown'.

Should you have any questions, please do not hesitate to call this office at (617) 972-6446.

Sincerely,

Larry Ramdin, MPH, MA, REHS, CP-FS, HHS, CHO  
Director of Public Health

Cc: File



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## RENEWAL BODY ART ESTABLISHMENT APPLICATION

Date: \_\_\_\_\_

### ESTABLISHMENT INFORMATION:

**Type of Body Art Practiced at Establishment:**     Tattoo     Piercing     Both

**Name of Establishment:** \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

**Operator of Establishment:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

### NAMES OF ALL BODY ART PRACTITIONERS EMPLOYED AT ESTABLISHMENT:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

### Please submit:

- A copy of your current insurance Liability Coverages from an approved provider with the following coverage:
  - General Liability Coverage for \$ 500,000
  - Tattooist Liability Coverage for \$ 100,000
  - Piercers Liability Coverage for \$ 100,000

- Permit Fee: Check or money order payable to the Town of Watertown
- Establishment Permit Fee \$200.00 per year  
Individual Practitioner License \$150.00 per year

IF ANY INFORMATION HAS CHANGED ON THE FOLLOWING, PLEASE SUBMIT FOR REVIEW WITH THIS APPLICATION. NOTE THAT MAJOR CHANGES TO THE ESTABLISHMENT MAY RESULT IN THE NEED FOR A NEW ESTABLISHMENT PLAN REVIEW.

- Change in floor plan of the establishment
- Change in Procedures or Equipment

**Any omissions or falsification of information requested on this application shall be cause for denial of permit.**

I have received a copy of the Town of Watertown Board of Health Body Art Establishment and Practitioners Regulations. I have read and understand the obligations, requirements, and prohibitions of the Watertown Body Art Regulation. I agree to abide by the Watertown Board of Health Body Art Regulations. I agree to have the Body Art Establishment Permit and all Body Art Practitioner Permits conspicuously posted within the establishment at all times.

I understand that this Body Art Establishment Permit expires on May 31<sup>st</sup> each year. I understand that any notice required to be given by the Watertown Health Department to me may be given by mailing the notice to the place of the business. I acknowledge that I am responsible for the renewal of this license by May 31<sup>st</sup> of each year regardless of notice from the Watertown Health Department. I understand that a Body Art Establishment Permit shall not be transferable from one place or person to another.

I understand the Watertown Health Department has sixty (60) days to review this application from the date it is submitted. I understand that any omissions of falsification of information requested on this application shall be cause for denial of a permit.

I, the undersigned attest to the accuracy of the information in the application, to the best of my knowledge, is complete, and I affirm that the body art establishment will comply with 105 CMR 480.000 and all applicable laws. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 480.00 and OSHA 29 CFR 1910.130. **Pursuant to MGL Chapter 62C S49A, I certify under penalties of perjury that to the best of my knowledge and belief have filed all State tax returns and paid all State taxes required under law.**

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Signature of Applicant

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Date

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Name and Title of Applicant