

AVON BOARD OF HEALTH Buckley Center / 65 East Main St. / Avon, MA 02322 508-588-0414

www.avonmass.org

 Permit No. _____
 Date: ______
 Fee: New 10,000.00
 Paid: _____

 Renewal \$ 1,000.00
 Paid: ______
 Paid: ______

APPLICATION FOR BODY ART PERMIT ESTABLISHMENT

. All cost for the application and verification of the documentation are the responsibility of the applicant. <i>Please submit at least 30 days before the planned practicing date to allow adequate processing time.</i>							
Application is he	ereby made for a Bod	y Art Permit					
Hours of operation	on:						
Applicant is: ()	Individual	() Corporation	() Partnership	() Other			
Name of Organiz	zation:						
Address of Main	Office:						
Mailing Address	::						
Telephone Numl	ber:						
Name of Partner	s/Officers of Organiz	ation:					
Name	Title	Address		Telephone			
Name	Title	Address		Telephone			
Name	Title	Address		Telephone			

I certify under the penalties of perjury that I, to the my best knowledge and belief, have filed all State tax returns and paid all State taxes required under the law.

* Signature of Applicant/Officer

**Social Security #(voluntary) or Federal Id. Number

Permits expire December 31th of this calendar year.

Please return this application with the application fee payable to the Town of Avon to: Avon Board of Health Buckley Center 65 East Main Street Avon, MA 02322

Body Art Permit Est. Appl. 1

Please List all practitioners working at your facility:

Name	Residential Address	Phone	Permit#	
Name	Residential Address	Phone	Permit#	
Name	Residential Address	Phone	Permit#	
Name	Residential Address	Phone	Permit#	

Each individual practitioner must hold a valid permit from the Avon Board of Health

*This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security # will be furnished to the Massachusetts Department of revenue to be determined whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. General Laws, Chapter 62C, Section 49A.

For new establishments, complete and return this form with the following:

- Annual Fee -made payable to the town of Avon
- 4 sets of interior plans
- Business certificate

Renewing establishments- complete and return this form with the following:

• Annual Fee -made payable to the town of Avon

Please submit at least 30 days before the planned practicing date or expiration date of permit to allow adequate processing time.

OFFICE US	E ONLY	COMMENTS	
	BOH Customer # W.C. Affidavit Regulations Received Fee Rec'd		

Body Art Permit Est. Appl. 2

Body Art Permit Est. Appl. 3