

TOWN OF NORTH ANDOVER
Office of COMMUNITY DEVELOPMENT AND SERVICES
HEALTH DEPARTMENT
1600 OSGOOD STREET; BUILDING 20; SUITE 2-36
NORTH ANDOVER, MASSACHUSETTS 01845



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Public Health Director

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Application for License for Body Art Establishment **Date:**

Complete and return this form with a \$310 permit fee; payable to the Town of North Andover and return to the above address for processing.

_____ **New Application** _____ **Renewal**

1. Establishment Name: _____
2. Establishment Address: _____
3. Business Telephone #: _____
4. Name of Owner: _____
5. Address & Phone of Owner: _____
6. Name of Manager: _____
7. Hours of Operation: _____
8. Name of Spore Testing Lab: _____
9. Address & Phone of Lab: _____
10. Name of Medical Waste Company _____
11. Address & Phone of Waste Company: _____
12. Name of EPA-Approved Skin Disinfectant: _____
13. EPA-Approved Hard Surface Disinfectant: _____
14. Please check those procedures that are to be performed on the site and give names and addresses of licensed practitioners that will be doing each type (N/A if does not apply):
 - a. Permanent Makeup: _____
 - b. Tattooing: _____
 - c. Body Piercing: _____

New Establishments:

15. Submit a Floor Plan for the Establishment for the initial permit/plan review. Attached? ___Yes ___No

16. Does your facility have an ultrasonic cleaner? _____

17. Does your facility have an autoclave that can operate at 273 degrees Fahrenheit and under 20 PSI for 30 minutes? Please indicate Manufacturer; Model Number and Model Year, and Serial #

18. Is your facility equipped with sinks with hot and cold running water? _____

19. Have you submitted a proposed copy of your consent form that includes post-procedure care and instructions for the client? _____

20. Have you submitted a copy of your policy for infection control? _____

21. Have you submitted a signed copy of the Statement of Agreement? _____

FEE: \$310.00

PAYABLE TO: TOWN OF NORTH ANDOVER