



**Body Art Establishment Plan Review and Permit Application**  
**(New Establishment and Renewal of Existing Establishment)**

Complete the application below. Please print legibly. For new establishments, change in ownership or change in processes, complete all sections. Incomplete application and missing documents may delay the permitting process.

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

**Establishment Information**

Type of Application:     New     Renewal

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

Address: \_\_\_\_\_ Framingham, MA 0170 \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Hours of Operation**

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**Type of Business**

Check all that apply

- Body Piercing                       Tattoo (Not Permanent Make-up or Microblading)  
 Permanent Make-up                 Microblading

**Owner & Manager Information**

Name of Owner: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

- If ownership is a partnership or corporation, attach a list of officer names, address and phone numbers

Name of Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**24 Hour Contact Information**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Will a series of Hepatitis B Vaccination and Tetanus Immunization be offered to all Body Art Practitioner(s)?                       Yes     No

**Body Art Practitioners Information**

List the following information for all Body Art Practitioner(s) working at your establishment  
(attach additional sheets if necessary)

Name	Address	Phone Number	Email	Currently Permitted in Framingham?		
				Yes	No	In the Process
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Submit a copy of Body Art Practitioner’s Permit.
- If a Body Art Practitioner’s Permit has NOT been obtained or is in the process of obtaining a Permit, the individual **CANNOT** perform Body Art until a permit has been obtained. **Each Practitioner** is required to obtain a valid Permit issued by the Framingham Department of Public Health.

**Renewal of an Existing Body Art Establishment Only**

By checking this box, I certify the existing Body Art Establishment facility and operations have not changed since the last approved application / renewal and inspection. If there are no changes, Section A below does not need to be completed.

**Section A** **Body Art Procedures and Equipment**  
**New Establishments / Operational Changes to Existing Establishments**

- List instrument(s) if applicable that require cleaning and sterilizing:  NA – All instruments are disposable

- Check the following cleaning units that will be used in the establishments:  NA – Devices will not be used

<input type="checkbox"/> Autoclave Unit	Manufacturer:		Model Number:	
	Model Year:		Serial Number:	
<input type="checkbox"/> Ultrasound Unit	Manufacturer:		Model Number:	
	Model Year:		Serial Number:	

• What type of disinfectant will be used to disinfect the skin prior to the body art procedure? \_\_\_\_\_

• Will inks, dyes, or pigment be mixed and diluted?  Yes  No

➤ If yes, describe the procedures and equipment that would be used: \_\_\_\_\_

• Will each room used for body piercing or tattooing contain a sink with hot and cold running water?  Yes  No

• Will rooms be used for purposes other than body piercing or tattooing?  Yes  No

**Submit the following documents for NEW Body Art Establishments:**

<input type="checkbox"/>	Completed application. Incomplete applications and missing documents may delay the permitting process.
<input type="checkbox"/>	Fee: <b>\$300.00</b> (\$100 for the Body Art Establishment Permit, \$200 for the Body Art Establishment Plan Review) made payable to the " <b>City of Framingham</b> ". Credit cards are not accepted at this time. <b>All fees are non-refundable.</b>
<input type="checkbox"/>	Completed "Workers' Compensation Insurance Affidavit" form including the first page of the policy.
<input type="checkbox"/>	Copy of your Health History & Informed Consent Form.
<input type="checkbox"/>	Copy of your written Aftercare Instructions on the cleaning, use of antiseptics & other specific instructions for each piercing / tattoo, including the signs and symptoms of complications, and information when to seek medical treatment.
<input type="checkbox"/>	Copy of your policy on Infection Control including, but not limited to an Exposure Control Plan.
<input type="checkbox"/>	Copy of your contract with a disposal company for medical infectious waste and medical sharps.
<input type="checkbox"/>	Copy of your Report used to notify the Framingham Department of Public Health on Injuries, Infections, Adverse reactions, Disease, and Complications as a result of body art procedures.
<input type="checkbox"/>	Copy of your procedures responding to body art practitioners who receive needle-stick injuries and / or potential exposure to blood-borne pathogens.

<input type="checkbox"/>	<p>Floor Plan drawing (to scale) of the proposed establishment. Include and identify the following on the plan:</p> <ul style="list-style-type: none"> <li>• Location of the restroom(s)</li> <li>• Location of the customer waiting area</li> <li>• Location, square footage of work space for each practitioner and the amount of foot-candles of light <ul style="list-style-type: none"> <li>▪ Each practitioner shall have a minimum of 45 ft<sup>2</sup> of floor space.</li> <li>▪ Work areas shall have at least fifty (50) foot-candles of light measured at the height of the work table.</li> </ul> </li> <li>• Location of sharp containers</li> <li>• Location / placement of Ultrasound or Autoclave unit (if applicable)</li> <li>• Location of all sinks and the cleaning area</li> <li>• Instrument storage area(s)</li> <li>• Type of Material(s) used on procedure surface(s)</li> <li>• Surface materials used on the floor, walls and ceilings</li> <li>• Color of all walls and ceiling</li> </ul>
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**Submit the following documents to RENEW an Existing Body Art Establishment:**

<input type="checkbox"/>	Completed application. Incomplete applications and missing documents may delay the renewal process.
<input type="checkbox"/>	Fee: <b>\$100.00 Establishment Permit fee</b> made payable to the “ <b>City of Framingham</b> ”. Credit cards are not accepted at this time. <b>All fees are non-refundable.</b>
<input type="checkbox"/>	Completed “Workers’ Compensation Insurance Affidavit” form including the first page of the policy.

Statement: I, \_\_\_\_\_ received, read and understand Framingham’s Board of Health Rules And Regulations Relative to Tattoo and Body Art. I agree to adhere to all regulations regarding body piercing / tattooing practices. I understand that any deviation from the submitted and approved plan without prior approval from the Framingham Department of Public Health may cause a delay in the permit process. Pursuit to M.G.L Chapter 62C, Section 49A, I hereby certify under the pains and penalties of perjury that, to my best knowledge and belief, the information provided above is true and correct and that I have filed all state tax returns and paid all state taxes required under law.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_  
Title: \_\_\_\_\_

**For Official Use Only**

**Approved as submitted**

**Approved as submitted with the following conditions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disapproved as submitted – Reason(s):\*\*** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.**

**Date Reviewed:** \_\_\_\_\_ **Reviewed By:** \_\_\_\_\_ **Title: Public Health Inspector**

**Date Permit was Issued:** \_\_\_\_\_



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017

[www.mass.gov/dia](http://www.mass.gov/dia)

Workers' Compensation Insurance Affidavit: General Businesses.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

Please Print Legibly

Business/Organization Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and / or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No Workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have No employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.  
 \*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.*

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**  
 Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

*I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
City or Town: _____	Permit/License # _____
<b>Issuing Authority (circle one):</b>	
1. Board of Health	2. Building Department
3. City/Town Clerk	4. Licensing Board
5. Selectman's Office	
6. Other _____	
Contact Person: _____	Phone #: _____

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer." MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to bum leaves etc.) said person is NOT required to complete this affidavit.

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**The Department's address, telephone and fax number:**

**The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street  
Boston, MA 02114-2017  
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
www.mass.gov /dia**