

Community Name

## APPLICATION TO PROVIDE REGULATED SERVICES<sub>CIS</sub>

*Anyone providing regulated services to the public must have a current Permit from the Board of Health posted at all times.*

All Permits expire on December 31 unless otherwise stated; must renew at least 60 days prior to expiration or start of operations.

\*Required Information.

<input type="checkbox"/> Renewal Application <input type="checkbox"/> Renewal/Late Application <input type="checkbox"/> New Application <input type="checkbox"/> Revised Application
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### BUSINESS CONTACT INFORMATION

Note: Any change in ownership or operations requires a new permit application and filing fee. If only applying as a Technician, use N/A as needed.			
*Applicant/Requester		*Property Owner	
*Business Name		*Site Address	
*Mailing Address		Assessor Map/Lot #	
*Phone   Fax		*24/7 Contact Person	
*E-mail		*24/7 Phone	

### TYPE OF REGULATED SERVICES PROVIDED

Note: Changes to any of this information must be approved by the Board of Health. Must check at least one box.						
<input type="checkbox"/> <b>Body Art Salon:</b> <i>Local Regulations</i>	<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary/Mobile <input type="checkbox"/> Facility Information form completed below <input type="checkbox"/> Body Art Salon Form completed below	Number of Employees, list attached:		Starting Date:		Fee: \$300
<input type="checkbox"/> <b>Body Art Technician:</b>	<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary/Mobile <input type="checkbox"/> Body Art Technician Form completed below	Place of Employment:		Starting Date:		Fee: \$300
<input type="checkbox"/> <b>Body Art Apprentice:</b>	<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary/Mobile <input type="checkbox"/> Body Art Apprentice Form completed below	Place of Employment:		Starting Date:		Fee: \$100
<input type="checkbox"/> <b>Tanning Salon:</b> <i>105 CMR 123:</i>	<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary/Mobile <input type="checkbox"/> Facility Information Form completed below <input type="checkbox"/> Tanning Salon form completed below	Number of Employees:		Starting Date:		Fee: \$120
<input type="checkbox"/> <b>Nail Salon:</b> <i>Local Regulations</i>	<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary/Mobile <input type="checkbox"/> Facility Information Form completed below <input type="checkbox"/> Call for Nail Salon form	Number of Employees:		Starting Date:		Fee: Call
<input type="checkbox"/> <b>Vapor/Bathhouse:</b> <i>MGL c112,s.3b</i> <i>Local Regulations</i>	<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary/Mobile <input type="checkbox"/> Facility Information form completed below <input type="checkbox"/> Call for Vapor/Bathhouse Form	Number of Employees:		Starting Date:		Fee: Call
<input type="checkbox"/> <b>Funeral Director:</b> <i>MGL c 112, s 83</i> <i>MGL c 114, s 49</i>	<input type="checkbox"/> Annual <input type="checkbox"/> Facility Information form completed below <input type="checkbox"/> Funeral Director Form completed below	Place of Employment:		Starting Date:		Fee: \$50
<input type="checkbox"/> <b>Other Salon or Establishment:</b> offering Services:	<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary/Mobile <input type="checkbox"/> Facility Information form completed below <input type="checkbox"/> Other Salon Form completed below	Describe Operations:		Starting Date:		Fee: Call
<input type="checkbox"/> <b>Other Technician:</b>	<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary/Mobile <input type="checkbox"/> Other Technician Form completed below	Describe Operations:		Starting Date:		Fee: Call
<input type="checkbox"/> <b>Other Services:</b>	<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary/Mobile <input type="checkbox"/> Other Services Form completed below	Describe Operations:		Starting Date:		Fee: Call
<input type="checkbox"/> <b>Other Services:</b>	<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary/Mobile <input type="checkbox"/> Other Services Form completed below	Describe Operations:		Starting Date:		Fee: Call

### FACILITY INFORMATION

Note: If this is a new application, please attach a site layout plan. If applying only as a Technician/Apprentice, you may check "none" for all.

*Drinking Water	<input type="checkbox"/> None <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Private, water test attached if public facility	*Garbage/Trash	<input type="checkbox"/> None <input type="checkbox"/> Transfer Station <input type="checkbox"/> Contractor _
*Sewage Disposal	<input type="checkbox"/> None <input type="checkbox"/> Public Sewer <input type="checkbox"/> Private Onsite <input type="checkbox"/> Portable Toilets	*Medical Waste Hauler	<input type="checkbox"/> None <input type="checkbox"/> Yes, Drop Site _ <input type="checkbox"/> Yes, Contractor: _
*Food Served?	<input type="checkbox"/> No <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snacks	*Licensed Kitchen	<input type="checkbox"/> None <input type="checkbox"/> Yes, Location: _

### BODY ART SALON INFORMATION

Note: Body Art Salon/Establishment must comply with all State and Local Regulations to protect the health and safety of clients and staff. Check all that apply and provide complete details. Must complete Facilities Information. Each Technician/Apprentice must complete a separate form.

*Business Permit:	<input type="checkbox"/> No <input type="checkbox"/> Yes, attached	*Facilities Form Completed:	<input type="checkbox"/> No <input type="checkbox"/> Yes				
*Services Provided:	<input type="checkbox"/> Body Piercing <input type="checkbox"/> Tattooing, Branding, Scarification <input type="checkbox"/> Both	<input type="checkbox"/> *List of employees/positions attached					
*Operating Days/Hrs:	<input type="checkbox"/> Sunday___ <input type="checkbox"/> Monday___ <input type="checkbox"/> Tuesday___ <input type="checkbox"/> Wednesday___ <input type="checkbox"/> Thursday___ <input type="checkbox"/> Friday___ <input type="checkbox"/> Saturday___						
*Posted Documents:	<input type="checkbox"/> None <input type="checkbox"/> Body Art Permit <input type="checkbox"/> Body Art Regulations <input type="checkbox"/> Body Art Follow-up Care Procedures <input type="checkbox"/> Infection Control Practices						
<input type="checkbox"/> Business Certificate attached if required under MGL c. 110, s5		<input type="checkbox"/> Establishment Client Application and Consent Form attached					
<input type="checkbox"/> Establishment's Aftercare Instructions attached		<input type="checkbox"/> Establishment's Exposure Control Plan attached					
<input type="checkbox"/> Medical Waste Hauler Agreement attached		<input type="checkbox"/> Establishment's written procedures to clients for filing a complaint					
<input type="checkbox"/> Establishment written Emergency Plan available at the facility.		<input type="checkbox"/> Injury Report Form downloaded and available for use					
<input type="checkbox"/> Exposure Incident Report Form downloaded and available use		<input type="checkbox"/> Autoclave testing results attached					
	Manufacturer	Model #	Serial #	Model Year	Test Results	Testing Lab	Phone Number
<input type="checkbox"/> Autoclave							
<input type="checkbox"/> Other Sterilization							
<input type="checkbox"/> Other Equipment							
Comments							

### BODY ART TECHNICIAN INFORMATION

Note: Please complete a separate form for each Body Art Technician.

*Name		Cell Phone		*Age	
*Proof of Identity, attach government photo ID:	<input type="checkbox"/> None <input type="checkbox"/> Drivers Lisc. <input type="checkbox"/> Passport <input type="checkbox"/> Other, specify: _____	Medical Certificates	<input type="checkbox"/> None <input type="checkbox"/> Free from contagious disease/TB Cert. <input type="checkbox"/> Hepatitis B vaccination and immunity Cert.		
*Type of Body Art services:	<input type="checkbox"/> Body Piercing <input type="checkbox"/> Tattooing, Branding, Scarification <input type="checkbox"/> Both				
*Certifications, attach all	<input type="checkbox"/> High School/College Diploma <input type="checkbox"/> Preventing Bloodborne Pathogens Cert. <input type="checkbox"/> Current CPR/First Aid <input type="checkbox"/> Life Sciences for Body Art <input type="checkbox"/> Eligible Member of Association of Professional Piercers <input type="checkbox"/> Eligible Member Professional Tattooist				
*Experience, attach proof	<input type="checkbox"/> None <input type="checkbox"/> Previous 1 year license to practice <input type="checkbox"/> 1 year Piercer apprenticeship <input type="checkbox"/> 3 year Tattooist apprenticeship				
Comments					

### BODY ART APPRENTICE INFORMATION

Note: Please complete a separate form for each Body Art Apprentice.

*Name		Cell Phone		*Age	
*Proof of Identity, attach government photo ID:	<input type="checkbox"/> None <input type="checkbox"/> Drivers Lisc. <input type="checkbox"/> Passport <input type="checkbox"/> Other, specify: _____	Medical Certificates	<input type="checkbox"/> None <input type="checkbox"/> Free from contagious disease/TB Cert. <input type="checkbox"/> Hepatitis B vaccination and immunity Cert.		
*Type of Body Art Services:	<input type="checkbox"/> Body Piercing <input type="checkbox"/> Tattooing, Branding, Scarification <input type="checkbox"/> Both				
*Certifications, attach all showing completion date:	<input type="checkbox"/> High School/College Diploma <input type="checkbox"/> Preventing Bloodborne Pathogens Certification <input type="checkbox"/> Current CPR/First Aid Certificate <input type="checkbox"/> Life Sciences for Body Art <input type="checkbox"/> Other, specify: _____				
*Experience/education	<input type="checkbox"/> None <input type="checkbox"/> List of completed courses attached <input type="checkbox"/> List of relevant trainings attached <input type="checkbox"/> List of relevant experience				

### TANNING SALON INFORMATION

Note: Tanning Salon must comply with all State and Local Regulations to protect the health and safety of clients and staff. Check all that apply and provide complete details. Must complete Facilities Information Form. May attach additional information.

*Business Permit:	<input type="checkbox"/> No <input type="checkbox"/> Yes, attached	*Facilities Form Completed:	<input type="checkbox"/> No <input type="checkbox"/> Yes
*Services Provided:			<input type="checkbox"/> *List of trained staff attached
*Operating Days/Hrs:	<input type="checkbox"/> Sunday___ <input type="checkbox"/> Monday___ <input type="checkbox"/> Tuesday___ <input type="checkbox"/> Wednesday___ <input type="checkbox"/> Thursday___ <input type="checkbox"/> Friday___ <input type="checkbox"/> Saturday___		
<input type="checkbox"/> Warning and Consent Form downloaded and provided to clients	<input type="checkbox"/> Tanning Facility Injuries Report Form downloaded and maintained		
<input type="checkbox"/> Record of client Tanning Visits Form downloaded and maintained	<input type="checkbox"/> Tanning Warning Flyer downloaded and provided to clients		
Method of Tanning Bulb Disposal:	Tanning Device Repair/Service Agent:		
	Manufacturer/Year	Model #	Serial #
	Bulb Type	Device Installer	Phone Number
<input type="checkbox"/> *Tanning Device #1			
<input type="checkbox"/> Tanning Device #2			
<input type="checkbox"/> Tanning Device #3			
<input type="checkbox"/> Tanning Device #4			
<input type="checkbox"/> Tanning Device #5			

### NAIL SALON INFORMATION

Note: Nail Salons must comply with all State and Local Regulations to protect the health and safety of clients and staff. Check all that apply and provide complete details. Must complete Facilities Information Form. May attach additional information.

*Business Permit:	<input type="checkbox"/> No <input type="checkbox"/> Yes, attached	*Facilities Form Completed:	<input type="checkbox"/> No <input type="checkbox"/> Yes
*Services Provided:			<input type="checkbox"/> *List of employees/positions attached
*Operating Days/Hrs:	<input type="checkbox"/> Sunday___ <input type="checkbox"/> Monday___ <input type="checkbox"/> Tuesday___ <input type="checkbox"/> Wednesday___ <input type="checkbox"/> Thursday___ <input type="checkbox"/> Friday___ <input type="checkbox"/> Saturday___		
*Policies and Procedures:	<input type="checkbox"/> Adequate Ventilation Plan <input type="checkbox"/> Emergency Plan for dealing with toxic spills <input type="checkbox"/> Employee Protection Plan	<input type="checkbox"/> Proper disposal of wastes <input type="checkbox"/> Warnings and Advisories for Clients <input type="checkbox"/> Instructions for Clients on filing complaints	

### VAPOR OR BATHHOUSE INFORMATION

Note: Vapor/Bathhouses must comply with all State and Local Regulations to protect the health and safety of clients and staff. Check all that apply and provide complete details. May attach additional information.

*Business Permit:	<input type="checkbox"/> None <input type="checkbox"/> Yes, attached	*Facilities Form Completed:	<input type="checkbox"/> No <input type="checkbox"/> Yes
*Services Provided:			<input type="checkbox"/> *List of employees/positions attached
*Operating Days/Hrs:	<input type="checkbox"/> Sunday___ <input type="checkbox"/> Monday___ <input type="checkbox"/> Tuesday___ <input type="checkbox"/> Wednesday___ <input type="checkbox"/> Thursday___ <input type="checkbox"/> Friday___ <input type="checkbox"/> Saturday___		
*Policies and Procedures:	<input type="checkbox"/> Adequate Ventilation Plan <input type="checkbox"/> Emergency Plan for dealing with toxic spills <input type="checkbox"/> Employee Protection Plan	<input type="checkbox"/> Proper disposal of wastes <input type="checkbox"/> Warnings and Advisories for Clients <input type="checkbox"/> Instructions for Clients on filing complaints	
*Other Permits:	<input type="checkbox"/> None <input type="checkbox"/> Pool/Spa Permit <input type="checkbox"/> Building Occupancy Permit <input type="checkbox"/> Fire Inspection Permit <input type="checkbox"/> Other		
*Previous Experience:	<input type="checkbox"/> None <input type="checkbox"/> Yes, please explain:___		

### FUNERAL DIRECTOR PROFESSIONAL INFORMATION

Note: must be connected to public sewers or have a special onsite septic system design.

*Name:	Cell Phone	*Age	
*Business Permit:	<input type="checkbox"/> No <input type="checkbox"/> Yes, attached	*Facilities Form Completed:	<input type="checkbox"/> No <input type="checkbox"/> Yes
*Certifications:	<input type="checkbox"/> State Board of Registration attached <input type="checkbox"/> State Funeral Home Registration attached		
*Water Department:	<input type="checkbox"/> Water Department Inspection Report attached		
Biological Waste Hauler:			
Other Affiliations:			

### FUNERAL DIRECTOR PROFESSIONAL INFORMATION

Note: Salons/Establishments providing regulated services must comply with all State and Local regulations to protect the health and safety of clients and staff. Check all that apply and provide complete details. May attach additional information.

*Business Permit:	<input type="checkbox"/> No <input type="checkbox"/> Yes, attached	*Facilities Form Completed:	<input type="checkbox"/> No <input type="checkbox"/> Yes
*Services Provided:			<input type="checkbox"/> *List of employees/positions attached
*Operating Days/Hrs:	<input type="checkbox"/> Sunday___ <input type="checkbox"/> Monday___ <input type="checkbox"/> Tuesday___ <input type="checkbox"/> Wednesday___ <input type="checkbox"/> Thursday___ <input type="checkbox"/> Friday___ <input type="checkbox"/> Saturday___		
*Policies and Procedures:	<input type="checkbox"/> Adequate Ventilation Plan <input type="checkbox"/> Emergency Plan for dealing with toxic spills <input type="checkbox"/> Employee Protection Plan	<input type="checkbox"/> Proper disposal of wastes <input type="checkbox"/> Warnings and Advisories for Clients <input type="checkbox"/> Instructions for Clients on filing complaints	
Other Information:			

### OTHER TECHNICIAN INFORMATION

Note: Individuals providing regulated services must comply with all State and Local regulations to protect the health and safety of clients and staff. Check all that apply and provide complete details. May attach additional information.

*Technician Name:		Cell Phone		*Age	
*Place of Business:	<input type="checkbox"/> None <input type="checkbox"/> Name:				
*Type of Services Provided:					
*Certifications Attached:	<input type="checkbox"/> None <input type="checkbox"/> Attached				
Other Affiliations:	<input type="checkbox"/> None <input type="checkbox"/> Attached				

### OTHER SERVICES INFORMATION

Note: Complete this form for regulated services that are not listed above. Call for fees and other forms that may be required.

*Describe Services:				
*Business Name:				
*Business Permit:	<input type="checkbox"/> No <input type="checkbox"/> Yes, attached	*Facilities Form Completed:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
*Operating Days/Hrs:	<input type="checkbox"/> Sunday___ <input type="checkbox"/> Monday___ <input type="checkbox"/> Tuesday___ <input type="checkbox"/> Wednesday___ <input type="checkbox"/> Thursday___ <input type="checkbox"/> Friday___ <input type="checkbox"/> Saturday___			
Service Provided	Technician Name	Address	Phone	Qualifications

### FEES

1. Basic Fee must accompany application and is not refundable or transferrable. **Call for current Fee Schedule.**
2. All permits expire December 31 unless otherwise stated and must be renewed at least 60 days before expiring or the start of operations.
3. Applications received after December 1 or less than 60 days before starting operations will be charged a late fee of \$50 for each week late.

<input type="checkbox"/> *Basic Fee	\$	<input type="checkbox"/> Late Fee	\$50
<input type="checkbox"/> Additional Fees	\$	<input type="checkbox"/> Total Fee Paid	\$ _

### AGREEMENT

- \*I affirm that I will comply with all state and local codes and allow the Board of Health access for inspections as required by law.
- \*By checking this box and signing this application I certify that I comply with M.G.L c. 152, s.25(c), Workman's Comp Laws
- \*I affirm that before updating or making changes to my facility, staff or operations; I will obtain permission and inspections from the Health, Building and Fire Departments as required by law.
- \*By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.

### SIGNATURE

\*I affirm and certify that the information provided is true, I am 18, the owner of the establishment referenced in this application or an authorized representative/agent with authority to apply for this permit and grant the Board of Health access for inspections as allowed by law.

Name/Title		*Date of Application:	
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