

HEALTH DEPARTMENT

484 Broadway, Room 20
Everett, MA 02149
(617) 394-2255

STEVE SUPINO
EXECUTIVE DIRECTOR OF
HEALTH & HUMAN SERVICES

**CITY OF EVERETT
MASSACHUSETTS**



BOARD OF HEALTH

SEAN F. CONNOLLY, DPM
CHAIR
MELISSA MASSUA
MEMBER
KIM FERRANTE
MEMBER

Application for Body Art & Micropigmentation Establishment Permit

Complete and return with \$200 registration fee to:

Everett Health Department
484 Broadway, Room 20
Everett, MA 02149

Date: _____

1. Type of Application: New Application Renewal
2. Type of Facility: Tattoo Piercing Micropigmentation

3. Facility Information:

- Name: _____
- Address: _____
- Phone Number: (____) _____
- Mailing Address (If Different): _____
- Email: _____

4. Applicant Information:

- Name of Applicant: _____
- Applicant Phone Number: _____
- Name of Owner (If Different from Applicant): _____

5. If corporation or partnership, list name, title, home address, and phone number of officers or partners:

<u>Name</u>	<u>Title</u>	<u>Home Address</u>	<u>Phone Number</u>

6. State of Incorporation: _____

7. Emergency Response Person and Phone Number: _____

8. Facility Hours of Operation (Days and Hours): _____

9. Provide the Following With Application:

- A. (New & Renewal Applications) Present original and provide copy of Business Certificate issued by the Everett City Clerk under provisions of MGL c. 110 subsection 5.
- B. (New & Renewal) Completed Tax Verification Form from City Collector's Office.
- C. (New & Renewal) Copy of Client Application and Consent form for Body Art/Micropigmentation to be used within the facility .
- D. (New & Renewal) Name, Address and Phone number of Biohazardous waste hauler that services the facility for contaminated waste and sharps.
- E. (New & Renewal) Copy of Valid photo Identification from owner and/or applicant.
- F. (New Applications or upon replacement) Manufacturer, model #, model year and serial # of autoclave used in the establishment.
- G. (New Application Only) Copy of Aftercare Instructions to be used by all practitioners within the facility.
- H. (New Application Only) Exposure Report Plan.
- I. (New Application only) Scaled plans and specifications of the proposed facility to demonstrate compliance with Body Art Rules and Regulations at time of Original application and upon any change in facility layout.

10. Have you ever been convicted of a felony? If yes, please explain.

11. Have you been arrested within the last 5 years? If yes, explain.

APPLICANT/BODY ART ESTABLISHMENT PERMIT
STATEMENT OF CONSENT

I understand that this facility permit expires two (2) years from date of issue. I understand that any required notice to be given to me by the Everett Board of Health may be given by mailing the notice to the address of the last place of business (facility address) of which I have notified the Everett Board of Health. I have received a copy of the Everett Board of Health Rules and Regulations on Body Art. I agree to abide by these regulations and procedures. I agree to post the following valid and updated documents conspicuously in my place of business at all times:

- Original permits for all Body Art/Micropigmentation Practitioners working in the facility, and
- Original Permit for Body Art/Micropigmentation Facility

I hereby authorize the City of Everett, its agents and employees to seek information and conduct an investigation into the truth of statements set forth in the application and the qualifications of the applicant for this permit.

I hereby certify, under the pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete, accurate, and not misrepresented in any way.

Date

Signature

Name and Title (Print)

NO APPLICATION WILL BE REVIEWED BY THE BOARD OF HEALTH UNTIL ALL NECESSARY DOCUMENTATION IS SUBMITTED

Checklist for Review of Body Art & Micropigmentation Establishment Permit – New Applicant

Tattoo _____ Piercing _____ Micropigmentation _____ Establishment _____

Name of Applicant:	
Applicant Phone Number:	
Establishment Name:	
Date Application Received at HD:	
HD Reviewer:	

✓

	Fee – Establishment, Tattoo and Micropigmentation \$200.00
	Fee - Tattoo, Piercing, Micropigmentation individually - \$150.00
	Fee – Combination of any two permits - \$225.00
	Fee – Combination of any three permits – Micropigmentation, Tattoo, Piercing \$300.00.
	(New & Renewal) Copy of Client Application and Consent form for Body Art/Micropigmentation to be used within the facility.
	(New & Renewal) Copy of Valid photo Identification from owner and/or applicant.
	(New & Renewal Applications) Present original and provide copy of Business Certificate issued by the Everett City Clerk under provisions of MGL c. 110 subsection 5.
	(New & Renewal) Completed Tax Verification Form from City Collector’s Office.
	(New & Renewal) Name, Address and Phone number of Biohazardous waste hauler that services the facility for contaminated waste and sharps.
	(New Applications or upon replacement) Manufacturer, model #, model year and serial # of autoclave used in the establishment.
	(New Application Only) Copy of Aftercare Instructions to be used by all practitioners within the facility.
	(New Application Only) Exposure Report Plan.
	(New Application only) Scaled plans and specifications of the proposed facility to demonstrate compliance with Body Art Rules and Regulations at time of Original application and upon any change in facility layout.
	Recommended For Permit? YES NO

NOTES:

CITY OF EVERETT
LOCAL TAX VERIFICATION FORM

Per Everett Ordinance, applicants for any permits or licenses may be denied permits or licenses or have the same revoked or suspended if a person, corporation, or business enterprise has been neglected or refused to pay any local taxes, fees, assessments, betterments or other municipal charges for not less than a twelve month period.

PLEASE COMPLETE ALL BLANKS BELOW (**PRINT OR TYPE**), THEN DELIVER FORM TO THE BOARD OF HEALTH ON THE SECOND FLOOR OF CITY HALL. PLEASE ALLOW THE BOARD OF HEALTH OFFICE SEVERAL DAYS TO RESEARCH AND COMPLETE.

NAME OF APPLICANT(S) _____ PHONE _____
_____ PHONE _____

NAME OF ESTABLISHMENT / BUSINESS _____

ADDRESS OF ESTABLISHMENT / BUSINESS _____

TYPE OF LICENSE APPLIED FOR _____

NAME AND ADDRESS OF PROPERTY OWNER(S) – PLEASE LIST ALL
_____ PHONE _____
_____ PHONE _____
_____ PHONE _____

Any license or permit denied, suspended or revoked shall not be reissued or renewed until the Board of Health receives a certificate issued by the tax collector that the party is in good standing with respect to taxes, etc. The city council may waive such denial, suspension or revocation if it finds there is no direct or indirect business interest by the property owner, its officers or stockholders, if any, or members of his immediate family, as defined in section one of chapter two hundred and sixty-eight A in the business or activity conducted in or on said property.

SIGNATURE OF APPLICANT _____

TO BE COMPLETED BY EVERETT BOARD OF HEALTH

TAX STATUS

MORE THAN 12 MONTHS TAXES OWED? YES _____ NO _____ DATE _____
AGREEMENT IN AFFECT? YES _____ NO _____ DATE _____

WATER? YES _____ NO _____
PERSONAL PROPERTY? YES _____ NO _____

BOARD OF HEALTH – BODY ART DISCLOSURE STATEMENTS

THIS STATEMENT IS TO BE GIVEN TO ALL BODY ART CLIENTS, AND IS TO BE SIGNED BY THE CLIENT, PRIOR TO PERFORMING ANY BODY ART PROCEDURE

BODY PIERCING DISCLOSURE STATEMENT

As with any invasive procedure, body piercing may involve possible health risks. These risks may include:

- Pain, bleeding, swelling, infection, scarring of the area and nerve damage.
- Unsterile equipment and needles can spread infectious diseases; it is extremely important to be sure that all equipment is clean and sanitary before use.
- You may not be allowed to donate blood either temporarily or permanently.

The Body Art Practitioner should

- Properly and thoroughly cleanse the area before the procedure
- Use sterilized equipment
- Use sterile techniques
- Provide information on the aftercare of the area receiving body art

TATTOO DISCLOSURE STATEMENT

As with any invasive procedure, tattooing may involve possible health risks. These risks may include:

- Pain, bleeding, swelling, infection, scarring of the area and nerve damage
- Unsterile equipment and needles can spread infectious diseases; it is extremely important to be sure that all equipment is clean and sanitary before use
- Tattoos and permanent makeup are not easily removed and in some cases may cause permanent discoloration; think carefully before getting a tattoo. There is also the possibility of an allergic reaction.
- The inks, or dyes, used for tattoos are color additives. Currently no color additives have been approved by FDA for tattoos, including those used in permanent makeup
- Blood donations cannot be made for a year after getting a tattoo or permanent makeup

The Body Art Practitioner should

- Properly and thoroughly cleanse the area before the procedure
- Use sterilized equipment
- Use sterile techniques
- Provide information on the aftercare of the area receiving body art

HEALTH HISTORY AND INFORMED CONSENT

The following conditions may increase health risks associated with receiving body art:

- (a) diabetes;
- (b) hemophilia (bleeding);
- (c) skin diseases, lesions, or skin sensitivities to soaps, disinfectants etc.;
- (d) history of allergies or adverse reactions to pigments, dyes, or other sensitivities;
- (e) history of epilepsy, seizures, fainting, or narcolepsy;
- (f) use of medications such as anticoagulants, (such as coumadin) which thin the blood and/or interfere with blood clotting; and
- (g) hepatitis or HIV infection

INSTRUCTIONS FOR THE AFTERCARE OF TATTOOS

Treat your new tattoo as an open wound. Keep it clean. Do not touch healing tattoos with dirty hands.

- Before cleaning the tattooed area, wash hands thoroughly with soap and warm water.
- Carefully remove the gauze bandage and tape. If the gauze sticks, use a tiny bit of warm water to remove. **DON'T RIP IT OFF!**
- Using mild soap and cool water, gently and carefully cleanse the area, and pat dry. Do not rub with washcloth or towel
- Apply a thin layer of antibiotic ointment (Bacitracin, Neomycin-Polymyxin) on the tattoo.
- Repeat cleansing and application of the antibiotic ointment 2-4 times a day for 3 days.
- Healing usually takes 7 to 10 days, depending on the size of the tattoo. As it heals, expect peeling like sunburned skin.
- Do not pick at scabs
- Avoid sunburn, salt or chlorinated pool water, hot tubs, saunas and steam baths while the tattoo is healing
- Itching is expected. **DO NOT SCRATCH THE TATTOO!**

Consult a health care provider for:

1. unexpected redness, tenderness or swelling at the site of the tattoo
2. rash
3. unexpected drainage at or from the site of the tattoo
4. fever within 24 hours of the tattoo

INSTRUCTIONS FOR THE AFTERCARE OF PIERCINGS

Treat your new piercing as an open wound. Keep it clean. Body piercings need to be cleaned once or twice daily, every day, for the entire initial healing time. Do not touch healing piercings with dirty hands.

- Before cleanings, wash hands thoroughly with soap and warm water.
- Rinse or soak the pierced area with warm water to remove any stubborn crust using a cotton swab and warm water.
- Apply a small handful of mild antibacterial soap to the area with your clean hands.
- Cleanse the area and the jewelry, and gently rotate the jewelry back and forth a few times to work the soap to the inside.
- Allow the solution to remain there for a minute. Bathe normally; don't purposely work anything other than the cleanser onto the inside of the piercing.
- Rinse the area thoroughly under running water, while rotating the jewelry back and forth to completely remove the cleanser from the inside and outside of the piercing.
- Gently pat dry with disposable paper products such as gauze or tissues, as cloth towels can harbor bacteria.

Consult a health care provider for:

1. unexpected redness, tenderness or swelling at the site of the piercing
2. rash
3. unexpected drainage at or from the site of the piercing
4. fever within 24 hours of the piercing

PROCEDURE FOR FILING A COMPLAINT

If there is any injury, infection complication or disease as a result of a body art procedure notify this establishment, and the following local board of health at (Name, address and telephone number of Board of Health): _____

CLIENT SIGNATURE

I have received the above information. I do not have a condition that prevents me from receiving body art. I consent to the performance of the body art procedure and I have been given verbal and written aftercare instructions as required by these regulations.

Signature* _____

Date: _____

*Parent or guardian signature required if under the age of 18. Relationship: _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. 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]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*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 #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen'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."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate 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.

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 burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

COMMONWEALTH OF MASSACHUSETTS
SEX OFFENDER REGISTRY BOARD

REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's name: _____ Date of birth: _____

Address: _____ Telephone number: _____

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature: _____ Date: _____

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject's name (PLEASE PRINT): _____

Date of birth or approximate age: _____

Address: _____

Personal identifying characteristics:

Sex: _____ Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Other information (e.g. license plate number, parents' names, etc.): _____

*****WARNING*****

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).