



TOWN OF LUDLOW

HEALTH DEPARTMENT

488 Chapin Street
Ludlow, MA 01056
(413) 583-5600 ext. 1271 TEL
(413) 583-5689 FAX



Public Health
Prevent. Promote. Protect.

Application to Operate a Body Art Establishment

Name of Establishment: _____ Phone # _____

Business Address: _____ Email _____

Owner's Name & Phone #: _____

Body Arts practiced at the establishment: Tattoo Piercing Other _____

Please Submit the Following with this application:

1. Exposure Report Plan (for new establishments and for changes made to an existing plan)
2. A drawing of the floor plan of the proposed establishment to scale for a plan review by the Health Department (for new establishments or renovations being done to an existing)

Body Art Practitioner(s) working at the establishment:

Manufacturer information on autoclave and ultrasonic cleaning devises, if applicable:

Name of Device	Manufacturer	Model #	Model Year	Serial #
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Body Art Establishment Fee: \$500.00 (cash or check) Payable to: Town of Ludlow

Applications must be filled out completely and submitted with the appropriate forms and fees. Incomplete applications will be returned. Body Art Establishment permits expire at the end of each calendar year. All submissions after December 31st will be subject to a 50% late fee.

I hereby certify that I am an owner or officer of the above business and all the information provided is true. I have received, read, and understand the requirements of the Health Department's Body Art Regulations. I agree to comply with the regulations set forth in the Town of Ludlow Regulations for Body Art Establishments and Practitioners. I agree to allow the Health Department or its agent's access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

Print Name of Applicant

Signature of Applicant

Revised: August 2023