

**TOWN OF NORTH ANDOVER
HEALTH DEPARTMENT
120 Main Street
NORTH ANDOVER, MASSACHUSETTS 01845**



978.688.9540 – Phone

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WEBSITE: <http://www.northandoverma.gov>

STATEMENT OF AGREEMENT
BODY ART PRACTITIONER/BODY ART ESTABLISHMENT

I understand that this license/permit expires on December 31st of each year. I understand that any notice required to be given to me by the North Andover Board of Health may be given by a mailing to the address of the last place of business (establishment address) of which I have notified the Board of Health. Any renewal applications must be submitted AT LEAST 10 business days prior to expiration date of current permit. In addition, I agree to all the POSTING REQUIREMENTS of Section 5.D. of the North Andover Body Art Regulations.

(D) Posting Requirements

The following shall be prominently displayed:

- (1) A Disclosure Statement, a model of which is available from the Massachusetts Department of Public Health. A Disclosure Statement shall also be given to each client, advising him/her of the risks and possible consequences of body art procedures.*
- (2) The address and phone number of the North Andover Board of Health, which has jurisdiction and the procedure for filing a complaint.*
- (3) An Emergency Plan, including:
 - (a) a plan for the purpose of contacting police, fire or emergency medical services in the event of an emergency;*
 - (b) a telephone in good working order shall be easily available and accessible to all employees and clients during all hours of operation;*
 - (c) a sign at or adjacent to the telephone indicating the correct emergency telephone numbers.**
- (4) An occupancy and use permit as issued by the local building official.*
- (5) A current establishment permit.*
- (6) Each practitioner's permit.*

- I have received a copy of the North Andover Board of Health's regulations concerning Body Art. I agree to abide by these regulations and procedures. As a practitioner, I agree to work only out of the facility designated on my application.

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 and accurate and not misrepresented in any way.

Signature

Date

Name and Title (Print)