WEST BOYLSTON BOARD OF HEALTH
140 WORCESTER STREET
WEST BOYLSTON, MA 01583
TELEPHONE/FAX: 774-261-4075

APPLICATION FOR BODY ART PRACTITIONER PERMIT
Fee: Practitioner-$100 Apprentice-$75 Guest Artist-$50

☐ New ☐ Renewal ☐ Practitioner ☐ Apprentice ☐ Guest Artist

Name of Applicant: _____

Applicant's Home Address: _____

Home Phone Number and Email:_____

List the Name/Address/Phone Number of the Body Art Establishment(s) where you will be working:

_____

_____

_____

Type of Body Art performed: ____tattooing ____piercing ____tattooing & piercing

CPR certification date: _____ Expiration date: _____

First Aid certification date: _____ Expiration date: _____

Blood Borne Pathogens Training date:_____ Expiration date:_____

Skin diseases course date of attendance:_____

List the schools and courses taken related to the practice of Body Art:

_____

_____

_____

List the Name, Address, and Owner of every establishment where you have worked as a body art practitioner, and how many hours you worked at each location:

_____

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- Attach one face front color photograph, at least 2" by 2".
- Attach a signed copy of your medical record showing proof of immunization for Tetanus and Hepatitis B.
- Applicants will be required to show their Diploma or Certificate from the schools listed above at the time of the interview prior to the issuance of the permit.

Certify the following statement by signing below: "I acknowledge that I have received and read the West Boylston Board of Health Regulations on Body Art Establishments and Practitioners. I agree to abide by the regulations and to practice body art only as allowed in the Board of Health regulations."

Applicant's signature **Date** **Social Security or FID #**

I certify under the penalty of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid the state taxes required by law.

To be filled out by the Board of Health:

Approved: _____ **Fee Paid:** _____

Date Issued: _____ **Date Paid:** _____