



Board of Health
 212 Main Street
 Northampton, MA 01060
 Tel: (413) 587-1214 • Fax: (413) 587-1221
 Director of Public Health: Merridith A. O'Leary, R.S.

FOR BOARD OF HEALTH USE ONLY	
Date:	_____
Amt Received:	_____
Cash/Check No:	_____
Received by:	_____
Workers Comp Affidavit	<input type="checkbox"/>
Bloodborne Pathogen	<input type="checkbox"/>
CPR & First Aid	<input type="checkbox"/>
Anatomy Course	<input type="checkbox"/>
Photo ID	<input type="checkbox"/>

ALL FEES PAID ARE NON-REFUNDABLE

2021 BODY ART PRACTICIONER PERMIT APPLICATION

NO PERMITS WILL BE ISSUED IF TAXES ARE OWED

Name of Individual: _____ Home Telephone#: _____

Date of Birth: _____

Home Address: _____

Mailing Address (if different): _____

Body Art Establishment where Employed: _____

Body Art Establishment Owner (if different from applicant): _____

Body Art Establishment Telephone #: _____ Application Date: _____

Email Address: _____

NOTE:

- A. INDIVIDUALS MUST PRACTICE IN A PERMITTED BODY ART ESTABLISHMENT.
- B. IF THE INDIVIDUAL PERMIT HOLDER WILL BE PRACTICING BODY ART OUT OF HIS/HER ESTABLISHMENT, A SEPARATE ESTABLISHMENT APPLICATION MUST BE FILED AND A BODY ART ESTABLISHMENT PERMIT OBTAINED.

I declare the above facts are true and complete to the best of my knowledge and belief. I further understand that any false or misleading answer (s) will be cause for denial or revocation of my Permit to Practice Body Art.

Signature of Practitioner applying for Permit: _____

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

Check Permit Type that Applies

√	Permit Type	Base Fee	Bloodborne Pathogen	CPR/First Aid	Anatomy Course	TOTAL
	Body Art Practitioner	\$50.00				
	Temporary Body Art Practitioner	\$50.00				
	Body Art Apprentice	\$50.00				
	Body Art Probationary	\$50.00				
Approved Trainer's Name Required for Apprentice or Probationary Permits Name of Approved Trainer:					TOTAL	

PRACTITIONERS:

1. Training-List on back, Blood Borne Pathogen training, current CPR & First Aid. Anatomy training for body piercing applicants. Please include copies of certificates and permits. Contacts/References.
2. Dates and Places of prior employment as a Body Arts Practitioner.
3. Present photo ID at the time of application.

TEMPORARY PRACTITIONERS:

1. Training-List on back, Blood Borne Pathogen training, current CPR, First Aid and evidence of 3 years continuous permitting. Anatomy training for body piercing applicants. Please include copies of certificates and permits. Contacts/References.
2. Present photo ID at the time of application.
3. Temporary Permits are issued for a 14 day period and will be limited to 4 per calendar year.

APPRENTICE:

1. Training-List on back, Blood Borne Pathogen training, current CPR, First Aid and evidence of 3 years continuous permitting. Anatomy training for body piercing applicants. Please include copies of certificates and permits.
2. Dates and Places of Apprentice or Probationary Practice.
3. Attach letter from approved trainer.
4. Present photo ID at the time of application.

PROBATIONARY:

1. Training-List on back, Blood Borne Pathogen training, current CPR, First Aid and evidence of 3 years continuous permitting. Anatomy training for body piercing applicants. Please include copies of certificates and permits.
2. Dates and Places of Apprentice or Probationary Practice.
3. Attach letter from approved trainer.
4. Present photo ID at the time of application.

BODY ART PRACTITIONER HISTORY & INFORMATIONAL PAGE

1. Training: List all relevant courses taken:

Name of Course: _____ Date: _____

Institution: _____ Contact/Reference: _____ Phone: _____

Name of Course: _____ Date: _____

Institution: _____ Contact/Reference: _____ Phone: _____

Name of Course: _____ Date: _____

Institution: _____ Contact/Reference: _____ Phone: _____

Name of Course: _____ Date: _____

Institution: _____ Contact/Reference: _____ Phone: _____

2. Experience: List all prior Body Art Experience:

Name of Establishment: _____ Address: _____

Date(s) of Employment: _____ Reference: _____ Phone #: _____

Name of Establishment: _____ Address: _____

Date(s) of Employment: _____ Reference: _____ Phone #: _____

Name of Establishment: _____ Address: _____

Date(s) of Employment: _____ Reference: _____ Phone #: _____

Name of Establishment: _____ Address: _____

Date(s) of Employment: _____ Reference: _____ Phone #: _____