

**TOWN OF MIDDLEBOROUGH**

**APPLICATION FOR BODY ART PRACTITIONER'S PERMIT**

Complete and return this form with application fee of \$100.00 made payable to: The Town of Middleborough.

Upon satisfactory review of the application and receipt of the registration fee, a numbered permit will be issued by the Middleborough Board of Health.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

Gender: \_\_\_\_\_  
(Male) (Female)

Resident Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Place(s) of Employment as Practitioner: \_\_\_\_\_

Training and/or Experience: \_\_\_\_\_

Name of Body Art Establishment \_\_\_\_\_

Address of Establishment \_\_\_\_\_

Body Art Establishment Permit Number \_\_\_\_\_

Establishment Telephone No. \_\_\_\_\_

Operator of Establishment \_\_\_\_\_

Provide the following:

1. \_\_\_ Practitioner's Identification Photograph;
2. \_\_\_ Copy of Practitioner's Liability Insurance;
3. \_\_\_ Evidence of course completion in Bloodborne pathogen program;
4. \_\_\_ Current certification in First Aid and cardiopulmonary resuscitation (CPR);
5. \_\_\_ Valid tuberculin skin test;
6. \_\_\_ Proof of completion in a course on anatomy and physiology at a college accredited by the New England Assn. of Schools and Colleges. (This course must include instruction on the system of integumentary system (skin);
7. \_\_\_ Evidence of at least two (2) years licensed experience in the practice of performing body art activities of the kind for which the applicant seeks whether such experience was obtained within or outside of the Commonwealth of Massachusetts;
8. \_\_\_ Proof of one (1) year of apprenticeship training;
9. \_\_\_ Hepatitis series vaccination;
10. \_\_\_ Copy of client educational packet.

#### APPLICANT/BODY ARTIST STATEMENT OF CONSENT

I understand that this permit expires on June 30, of this year. I understand that a renewal application is required to be filed with the Health Department thirty (30) days prior to expiration.

I have received a copy of the Middleborough Board of Health's regulations. I agree to abide by these regulations. I agree to work only out of facilities that are in compliance with Middleborough Board of Health requirements.

I hereby certify, under 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.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (print)