



Town of Sturbridge — Board of Health



Public Health
Prevent. Promote. Protect.

Application for Body Art Practitioner Permit

Fee: \$100

Check to be made payable to: Town of Sturbridge

Upon satisfactory review of the application and receipt of the permit fee, a Body Art Practitioner permit will be issued by the Sturbridge Board of Health.

☐ **New Application**

☐ **Renewal**

1. Name: _____

2. Address: _____

Mailing Address (If different from above): _____

3. Date Of Birth: _____

4. Telephone : _____

5. Identification (please attach copy to application):

Type of Identification Card: ☐ State Drivers License

☐ State Identification Card

License or Identification Card Number: _____

(State and Number)

6. Practitioner Permit Type: ☐ Body Piercing (only)

☐ Tattooing, Branding and Scarification (only)

☐ Both

7. Body Art Establishment Name: _____

8. Body Art Establishment Address: _____

9. Establishment Telephone: _____

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



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11. Provide the following:

- A. Evidence of course completion in Prevention of Disease Transmission & Blood Borne Pathogen Training.** (Applicant must show a dated certificate of completion for training course which fulfills the requirements of 29 CFR 1910.1030 et seq.)
- B. Evidence of current certification in First Aid/CPR.**
- C. Documentation of: a course on anatomy, an examination on anatomy, or equivalent combination of training and experience deemed acceptable to the Board.**
- D. Documentation of: a course on skin diseases, disorders and conditions including diabetes, or possesses a combination of training and experience deemed acceptable to the Board.**

APPLICANT/BODY ART PRACTITIONER PERMIT STATEMENT OF CONSENT:

I understand that this practitioner permit expires at the end of the calendar year. I understand that any notice required to be given by the Sturbridge Board of Health to me may be given by mailing the notice to the address of the last place of business (establishment address) of which I have notified the Sturbridge Board of Health. I have received a copy of the Town of Sturbridge Regulations for Body Art Establishments and Practitioners. I agree to abide by these regulations and procedures. I agree to work only out of a establishment that is in compliance with Sturbridge Board of Health requirements and has a valid Body Art Establishment Permit. I agree to have my Body Art Practitioners Permit conspicuously posted within the establishment where I work.

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)