



Town of Montague

Board of Health

APPLICANT/BODY ART PRACTITIONER PERMIT STATEMENT OF CONSENT:

I understand that this practitioner permit expires one year from the date of issue. I understand that any notice required to be given by the Montague Health Department 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 Montague Health Department. I have received a copy of the Town of Montague Rules and Regulations for Body Art Establishments and Practitioners. I agree to abide by these regulations and procedures. I agree to work only out of an establishment that is in compliance with Montague Health Department 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.

Signature

Date

Name and Title (Print)

Office Use Only:	Approved, Effective Date: _____	Permit #: _____
		Fee Paid: _____
	Disapproved, Comment: _____	