Ashley Gough **Director of Public Health**

Town of Montague **Board of Health**

Application for Body Art Practitioner Permit

Upon satisfactory review of the application and receipt of the permit fee, a numbered establishment permit will be issued by the Montague Health Department.

□ **New Application** □ **Renewal**

1. Name: _____
2. Date of Birth: _____
3. Residence Address: _____
4. Mailing Address: _____
5. Identification:
   Type of Identification Card: □ State Drivers Permit
   □ State Identification Card

   Permit of Identification Card Number: _____
   (State & 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. 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. Proof of satisfactory completion (a sealed college transcript) of college courses in Anatomy and Physiology with a grade of C or better from an accredited college.
    D. Evidence of at least 2 years actual experience in the practice of performing Body Art Activities.
    E. Documentation of Hepatitis B Virus (HBV) Vaccination status or declination.
    F. 2" x 2" photo for file.

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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: _____	