



Town of Southborough
Board of Health
9 Cordaville Road, Lower Level
Southborough, MA 01772-1662

Phone: (508) 481-3013
Fax: (508) 229-2580

Application for Body Art Practitioner License

FEE: \$150 (2 Year License) New License Renewal

Applicant Full Name _____ Date of Birth _____

Applicant Full Address _____

Mailing Address _____

Full Name of Establishment _____

Establishment Address _____

Telephone (Day) _____ (Evening) _____

Training (List all schools where you received training in one or more of the following: blood borne pathogen training/disease control, first aid/CPR, anatomy, skin disease, disorders and conditions, including diabetes or equivalent courses/examinations acceptable to the Board such as professional body art organizations, include complete address, dates attended, certification/degree obtained).

Work Experience (List all places where you have practiced body art. Indicate those places where you were an assistant or trainee. Include the name of the establishment, address, dates of employment and supervisors' name).

References (List name, address and day time telephone number)

Note: No person shall practice body art or perform any body art procedure without first obtaining a practitioner permit from the Board of Health. A practitioner shall be a minimum of 18 years of age.

Acknowledgement/Declaration: I acknowledge that I have received, read and understand the requirements of the Southborough Board of Health body art regulations. I hereby declare that the statements made on this application for a license to practice body art are complete and true; and that non-compliance with any of the requirements or any misrepresentation made in obtaining a license or its renewal may result in the revocation of my license.

Applicant Name

Date

Pursuant to Massachusetts General Laws Chapter 62C, section 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Applicant Signature

Date

Taxpayer Identification Number

FOR OFFICE USE ONLY

Fee _____ Check # _____
License Number _____ Date Issued _____
Notes: _____

