



Town of Northborough

Board of Health

63 Main Street

Northborough, MA 01532-1994

Office (508) 393-5009 Fax (508) 393-3130

BODY ART PRACTITIONER APPLICATION

What type of permit are you applying for? Body Piercing Tattooing

FEE: \$ 150.00 PER YEAR (PAYABLE TO THE TOWN OF NORTHBOROUGH)

PRACTITIONER INFORMATION:

Name of Practitioner		Date	
Residential Address			
Mailing Address			
Telephone Number		Date of Birth	

ESTABLISHMENT INFORMATION:

Name of Establishment where you plan to practice	
Address of establishment	
Telephone number	

Training/Experience (Body Piercing only): Please provide transcripts or documentation of courses completed, relevant training or experience in body piercing.

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Training/Experience (Tattoo Practitioner only): Please show evidence that you have completed a course on skin diseases, disorders and conditions including diabetes. Provide transcripts or documentation to show courses completed, relevant training and experience with tattooing.

Please attach:

- Copy of Photo ID with proof of age.
- Proof of bloodborne pathogen training.
- Proof of First Aid and cardiopulmonary resuscitation (CPR) training.
- A physicians certificate (dated within six months of application) stating that the applicant is free from communicable disease.

I HEREBY DECLARE, UNDER THE PENALTY OF PERJURY, THAT THE FOREGOING INFORMATION CONTAINED THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT: _____ (Date)

FOR OFFICE USE ONLY:

EXPIRATION DATE: _____

APPROVED BY: _____

PERMIT # _____
FEE \$ _____
CHECK # _____