



Body Art Practitioner Permit

Application

EAST LONGMEADOW BOARD OF HEALTH
60 CENTER SQUARE
EAST LONGMEADOW, MA 01028

License Fee's

Practitioner: \$100.00
Apprentice: \$50.00
Probationary: \$50.00
Guest/Temporary: \$50.00
Non-Refundable Fee

Date: _____

Type of Practice: BODY PIERCING TATTOOING BOTH NEW APPLICANT RENEWAL

Name of Individual: _____ Phone #: _____
Date of Birth: _____ Gender: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Mailing Address (If different): _____
Name of Licensed Body Art Establishment Where Employed: _____
Name of Body Art Establishment Owner (If different): _____
Name of Approved Trainer (Apprentices/Probationary Only): _____
Body Art Establishment Phone #: _____ Date: _____

NOTE: (A) INDIVIDUALS MUST PRACTICE IN A LICENSED BODY ART ESTABLISHMENT.
(B) IF THE INDIVIDUAL PERMIT HOLDER WILL BE PRACTICING BODY ART OUT OF HIS / HER ESTABLISHMENT, A SEPARATE ESTABLISHMENT APPLICATION MUST BE FILED AND A BODY ART ESTABLISHMENT LICENSED OBTAINED.

NOTE: FIRST TIME APPLICANTS MUST PROVIDE THE FOLLOWIN INFORMATION WITH THIS APPLICATION

- (1) TRAINING – List Dates, Institutions and Contacts / References (ALL training with expiration dates must be provided annually including; Blood borne pathogen training, current first aid, CPR and anatomy training for body piercing applicants)
- (2) Dates and Places of Prior Employment as a Body Arts Practitioner (Practitioner and Guest Artists Only)
- (3) Present Photo I.D. at the Time of Application
- (4) For Probationary Permit, attach letter from Approved Trainer recommending probationary status and listing allowing procedures.

(5) (a) Have you ever been convicted of a criminal offense? YES NO
(b) Are you currently under charges for any criminal offense? YES NO
(c) If "YES" to either of the above, give dates, list offenses and charges disposition (use back of application if necessary).

I declare the above facts are true and complete to the best of my knowledge and belief. I further understand that any false or misleading answer(s) will be cause for denial or revocation of my Permit to Practice Body Art.

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state returns and paid all state taxes required by law.

Signature of Individual or Corporate Name

Social Security or Federal Identification

By: _____ Date: _____

Board of Health

Application Received:	
Premises Inspected:	
Permit Approved:	
Permit Number:	



BODY ART PRACTITIONER HISTORY **& INFORMATIONAL PAGE**

(ONLY NEW APPLICANTS MUST complete this page for Board of Health Records)

TRAINING: (List all relevant courses taken)

1. Name of Course _____ Date: _____
Institution: _____ Contact/Reference _____ Phone # _____
2. Name of Course _____ Date: _____
Institution: _____ Contact/Reference _____ Phone # _____
3. Name of Course _____ Date: _____
Institution: _____ Contact/Reference _____ Phone # _____
4. Name of Course _____ Date: _____
Institution: _____ Contact/Reference _____ Phone # _____

EXPERIENCE: (List all prior Body Art Experience)

1. Name of Establishment: _____ Address: _____
Date(s) of Employment: _____ Reference: _____ Phone #: _____
2. Name of Establishment: _____ Address: _____
Date(s) of Employment: _____ Reference: _____ Phone #: _____
3. Name of Establishment: _____ Address: _____
Date(s) of Employment: _____ Reference: _____ Phone #: _____
4. Name of Establishment: _____ Address: _____
Date(s) of Employment: _____ Reference: _____ Phone #: _____

CRIMINAL CONVICTIONS: (List all prior criminal convictions)

1. Offense: _____
Date: _____ Location: _____
2. Offense: _____
Date: _____ Location: _____
3. Offense: _____
Date: _____ Location: _____



Check List to Review Application for Permit To Practice Body Art

Application for practitioner permit shall include:

- Name
- Date of birth
- Residence address
- Mailing address
- Phone number
- Place(s) of prior employment as a practitioner
- Declaration about any prior criminal record
- Present photo I.D. at time of application
- Social security number
- Name and address of new employer
- Bloodborne pathogen training program (or equivalent)
- References checked
- Current certification in Basic First Aid and cardiopulmonary resuscitation (CPR)
- Aftercare procedures
- Documentation that applicant completed a course in anatomy, or possesses an equivalent combination of training and experience deemed acceptable to the Board of Health. (Body Piercing Applicants Only)
- Minimum three years of actual experience and proof of uninterrupted licensure in the practice of performing body art activities of the kind of which the applicant seeks a body art practitioner permit to perform, whether such experience was obtained within or outside of the Commonwealth. (Not applicable for Apprentice Permit Applicant)
- For Probationary Permit, attach letter from Approved Trainer recommending probationary status and listing allowable procedures.

Notes: _____

Reviewed By: _____ Title: _____ Date: _____

Approved Denied