



BOARD OF HEALTH
100 MAPLE AVENUE
SHREWSBURY, MASSACHUSETTS
01545

TELEPHONE: 508-841-8384
shrewsburyhealthagent@shrewsburyma.gov



APPLICATION FOR BODY ART PRACTITIONER PERMIT
Fee: Practitioner - \$200.00

New Renewal Practitioner Apprentice

Name of Applicant: _____

Applicant's Home Address: _____

Home Phone Number and Email: _____

Type of Body Art performed: _____ microblading _____ tattooing _____ piercing
_____ tattooing & piercing

CPR certification date: _____ Expiration date: _____

First Aid certification date: _____ Expiration date: _____

Blood Borne Pathogens Training date: _____ Expiration date: _____

Skin diseases course date of attendance: _____

- ★ Attach list of schools and courses taken related to the practice of Body Art.
- ★ Attach a list including the Name, Address, and Owner of every establishment where you have worked as a body art practitioner, and how many hours you worked at each location:
- ★ Attach one face front color photograph, at least 2" by 2".
- ★ Attach a signed copy of your medical record showing proof of immunization for Tetanus and Hepatitis B.
- ★ Applicants will be required to show their Diploma or Certificate from the schools listed above at the time of the interview prior to the issuance of the permit.

Certify the following statement by signing below: "I acknowledge that I have received and read the Town of Shrewsbury Board of Health Regulations on Body Art Establishments and Practitioners. I agree to abide by the regulations and to practice body art only as allowed in the Board of Health regulations."

I certify under the penalty of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid the state taxes required by law.

Applicant's signature

Date

Social Security or FID #