

APPLICATION FOR BODY ART LICENSES
TEWKSBURY BOARD OF HEALTH

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 (Rev. 10/30/03)

- Type of Application: Practitioner - Tattooist Practitioner - Piercer
 Body Art Establishment Intern
 School of Body Art Other _____

Name of Applicant: <hr/> Mailing Address: <hr/> City, State, Zip: <hr/> Tel. #: <hr/> Residential Address: <hr/> City, State, Zip: <hr/> Date of Birth: <hr/>	Name of Establishment: <hr/> Address: <hr/> City, State, Zip: <hr/> Tel. #: <hr/> If Intern, name of supervising Body Art Practitioner: <hr/> Have you previously been involved in the practice of body art? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please list the business names, locations, and telephone numbers:

Name: <hr/> Address: <hr/> Tel. # <hr/>	Name: <hr/> Address: <hr/> Tel. # <hr/>	Name: <hr/> Address: <hr/> Tel. # <hr/>
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Have you ever had a License to Practice Body Art, License to Operate a Body Art Establishment, or License to Operate a School of Body Art suspended or revoked?

Yes No

If yes, Reason for suspension or revocation: _____

Please list all states and municipalities in which you have held licenses:

General:

- A. The Applicant shall publish a legal advertisement (text provided by the Board of Health) at his/her own expense in a paper published locally. The published ad shall be provided to the Board prior to the hearing.
- B. Hearing fee of \$ _____.

Applicants seeking a Body Art Practitioner or Intern License must submit 5 copies of the following:

- C. Proof that applicant is at least 18 years old.
- D. This Application
- E. A physician's certification stating applicant is free of contagious disease and a negative skin test for TB (Dated no earlier than 12 months prior).
- F. Verifiable proof of completed immunization for Hepatitis B and Tetanus.
- G. Proof of Bloodborne Pathogen Training.
- H. Current certificates in First Aid and CPR.
- I. Official Transcript or other ORIGINAL DOCUMENT showing compliance with Anatomy and Physiology course.
- J. Verifiable proof of at least 300 hours of experience and/or training (Body Art Practitioner Only).

Applicants seeking a Body Art Establishment School of Body Art Practitioners License must submit 5 copies of the following:

- K. This Application.
- L. Proof that the applicant is at least 18 years of age.

- M. Floor plan showing layout of establishment / school.
- N. Proof that establishment is registered as a business in Tewksbury (Massage Establishment Only).
- O. Proof of compliance with Zoning Bylaws.
- P. Exposure Report Plan.
- Q. Manufacturer, model number, model year, and any serial number of the autoclave used in the establishment.
- R. Proposed Curriculum (School of Massage Only).
- S. Board of Higher Education Approval (School of Massage Only).

I hereby attest that the information provided on this application and the attached sheets is complete and truthful. I understand that the discovery of false or inaccurate information could result in the suspension or revocation of any license issued to me by the Board of Health. I further acknowledge that I have received, read, and understand the requirements of the Body Art Regulations.

Signature: _____ Date: _____

Office Use Only:

Date Received: _____

Legal Ad Date: _____

Hearing Date: _____

Decision: _____

Inspection: _____

Zoning Approval: _____