

**APPLICATION FOR BODY ART PERMIT IN THE
TOWN OF PLYMOUTH
508-747-1620 x 118**

Body Art Practitioner License May 1st through April 30th Annually

FEE: \$100.00

MAKE CHECK PAYABLE TO: Town of Plymouth

RETURN TO: Health Dept., 11 Lincoln St., Plymouth, MA 02360

Upon satisfactory review of the application and receipt of the registration fee, the Plymouth Board of Health will issue a permit. A Practitioner shall be a minimum of 18 years of age.

New Application _____ Renewal _____ If Renewal Original Date of Hire: _____

Name _____
Last First Middle

Date of Birth _____ ID Card Number: _____ Copy Enclosed: _____

Personal Address: _____ Personal Phone Number: _____

Personal Mailing Address: _____

Facility Name: _____

Facility Address: _____ Phone Number: _____

Please provide the place(s) of employment as a practitioner; and training and/or experience in the past (2) two years:

Please explain what your exact duties will be: _____

Provide the Following:

1. The applicant for **body piercing** practitioner permit shall provide documentation, acceptable to the Board, that s/he completed a course on anatomy, completed an examination on anatomy, or possesses an equivalent combination of training and experience deemed acceptable to the Board.
2. The applicant for a **tattoo practitioner** permit shall provide documentation, acceptable to the Board, that s/he completed a course on skin diseases, disorders and conditions, including Diabetes, or completed an examination on skin diseases, disorders and conditions, including Diabetes, or possesses a combination of training and experience deemed acceptable by the Board.

3. The applicant for all practitioners shall submit evidence satisfactory to the Board of at least two years actual experience in the practice of performing body art activities of the kind for which the applicant seeks a body art practitioner permit to perform, whether such experience was obtained within or outside of the Commonwealth one year of which shall be in the position of an apprentice.

4. Evidence of course completion in Preventing Disease Transmission and/or Bloodborne Pathogen Training (Applicant must show a dated certificate of completion from either American Red Cross or Association of Professional Body Artists.)

5. Evidence of current certification in First Aid/CPR. (Applicant must show a dated certificate of completion of a course in First Aid/CPR)

6. Hepatitis B vaccination status or Declination Notification Letter.

APPLICANT/ BODY ARTIST STATEMENT OF CONSENT:

I understand that this registration expires on December 31 each year. I understand that I must notify the Plymouth Board of Health of any changes to the information in this application. I have received a copy of the Plymouth Board of Health’s regulations and recommended body art disclosure statement that can be used for distribution. I agree to abide by these regulations and procedures. I agree to work only out of facilities that are in compliance with Plymouth Board of Health requirements. I agree to post the following valid and updated documents conspicuously in my place of business at all times:

1. Copy of my current Body Art Practitioner License issued by the Plymouth Board of Health

2. A copy of my signed application as a Body Art Practitioner which will serve as an agreement to comply with Plymouth Board of Health Rules and Regulations for Body Art, which contains the recommended procedures and Infection Control Practices for body art and recommended procedures for infection control.

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on the application is complete and accurate and not misrepresented in any way.

Signature Date: _____

Full Name – Please Print

FOR OFFICE USE ONLY:

Approved _____ Disapproved (comment) _____
 Date issued _____ Munis Number: _____ Access: _____