

**TOWN OF BLACKSTONE  
BODY ART PRACTITIONER LICENSE APPLICATION**

Date: \_\_\_\_\_

TYPE OF APPLICATION (CHECK ALL THAT APPLY)

\_\_\_\_\_ New Application      \_\_\_\_\_ Resubmission      \_\_\_\_\_ Renewal  
\_\_\_\_\_ Apprentice      \_\_\_\_\_ Tattoo      \_\_\_\_\_ Piercing

PRACTITIONER INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

BODY ART PRACTICED AT THE ESTABLISHMENT:

\_\_\_\_\_ Tattoo      \_\_\_\_\_ Piercing      \_\_\_\_\_ Other (Specify)

If you are affiliated with a business in the Town of Blackstone, please provide a copy of the business license.

REQUIRED DOCUMENTS: IDENTIFICATION CARD COPY (AT LEAST ONE IS REQUIRED - ATTACH A COPY)

\_\_\_\_\_ Massachusetts Driving License, License Number: \_\_\_\_\_

\_\_\_\_\_ State Identification Card, Card Number: \_\_\_\_\_

\_\_\_\_\_ Passport, Number and Expiration Date: \_\_\_\_\_

**REQUIRED FOR ALL BODY ART PRACTITIONERS (Attach copies of documentation)**

**Education and Training including evidence of course completion or certification in:**

\_\_\_\_ Body Art Practitioner License (from another Cit or State) Number:

**Valid Until:**

\_\_\_\_ First Aid/CPR                      Date of Certificate:

\_\_\_\_ Prevention of Disease Transmission and Blood borne Pathogens

Date of Completion \_\_\_\_\_

**MEDICAL HISTORY OF ANY COMMUNICABLE DISEASES:**

**Have you ever been diagnosed with:**

\_\_\_\_ Hepatitis                      \_\_\_\_ Tuberculosis

**Have you ever been immunized against Hepatitis B?**

\_\_\_\_ Yes                      \_\_\_\_ No

**Date of Last Physical Examination:** \_\_\_\_\_

**Provide a list for each of the following:**

**Current state of health:** \_\_\_\_\_

\_\_\_\_\_

**Any physical disabilities:** \_\_\_\_\_

\_\_\_\_\_

## APPLICANT STATEMENT OF CONSENT

I understand that this license is valid only in the Town of Blackstone and expires one (1) year after the date that it is issued. I further understand that I must have a valid license to practice in the Town of Blackstone and that the license is only valid for the conduct of those body art practices for which I have applied, as listed on the license. I also understand that any notice to be mailed to me by the Town of Blackstone Board of Health will be mailed to my address indicated on this application and a copy of such notice will also be mailed to the operator of the Body Art Establishment that I have indicated above.

I have received a copy of the Town of Blackstone Body Art Regulations. I have read and understand the obligations and requirements imposed upon a licensed Body Art Practitioner by those regulations. I also agree to comply with all of the regulation requirements specified in the Town of Blackstone Body Art Regulations while practicing in the Town of Blackstone.

I hereby certify under the pains and penalties of perjury, that to the best of my knowledge the information provided on this application is complete and accurate and in no way misrepresented.

Signature of Applicant: \_\_\_\_\_

Printed Full Name: \_\_\_\_\_

Date: \_\_\_\_\_