



Hadley Board of Health

100 Middle Street 1st Floor Hadley, MA 01035

Email - health@hadleyma.org

Phone - 413-584-4562



Public Health
Prevent. Promote. Protect.

BODY ART PRACTITIONER PERMIT APPLICATION

Practitioner Type:	<input type="radio"/> New Applicant	<input type="radio"/> Renewal
<input type="radio"/> Body Piercing (only)	<input type="radio"/> Tattooing, Branding and Scarification (only)	<input type="radio"/> Both

Name of Individual: _____ Home Telephone #: _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____

Mailing Address (if different): _____

Body Art Establishment where Employed: _____

Body Art Establishment Owner (if different from applicant): _____

Body Art Establishment Telephone # _____ Application Date: _____

NOTE:

A. INDIVIDUALS MUST PRACTICE IN A PERMITTED BODY ART ESTABLISHMENT.

B. IF THE INDIVIDUAL PERMIT HOLDER WILL BE PRACTICING BODY ART OUT OF THEIR ESTABLISHMENT, A SEPARATE ESTABLISHMENT APPLICATION MUST BE FILED AND A BODY ART ESTABLISHMENT PERMIT OBTAINED.

Have you ever been convicted of a criminal offense? YES NO

Are you currently under charges for any criminal offense? YES NO

If "YES" to either of the above, give dates, list offenses and charges disposition.

(Continue and Complete Page 2)



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Complete Applications Include the Following:

- Payment of \$125.00 for annual permit payable to "Town of Hadley"
- Completed: "BODY ART PRACTITIONER PERMIT APPLICATION" (Page 1 and Page 2)
- Photo Identification (MA ID Card or MA Driver's License)
- Copy of Blood Borne Pathogen Training
- Copy of Current CPR & First Aid Training
- Copy of Anatomy Training for Body Piercing
- Proof of satisfactory completion of a course in Anatomy and Physiology I&II (or Department-approved course if seeking Tattooing, Branding and Scarification Practitioner License ONLY)
- Proof of completion of an approved apprenticeship training program OR Evidence of two years actual experience.
- Documentation of Hepatitis B Virus (HBV) Vaccination Status.

Mail Completed Applications to the:

Town of Hadley – Board of Health
100 Middle Street Hadley, MA 01035

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.

Signature of Practitioner applying for Permit: _____

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

(Page 3 – Only Required for New Applicants)



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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 #: _____