TOWN OF WATERTOWN
Board of Health
Administration Building
149 Main Street
Watertown, MA 02472
Phone: 617-972-6446
Fax: 617-972-6499
www.watertown-ma.gov

APPLICATION FOR RENEWAL
INDIVIDUAL BODY ART PRACTITIONER PERMIT

Date: _____

PRACTITIONER INFORMATION:

Name: _____
(Please Print)

Date of Birth: _____ **Social Security Number:** _____

Residence Address: _____
(Street) (City) (Zip)

Phone Number: _____**Cellular Number:** _____

Email address: _____

TYPE OF APPLICATION:

□ **Body Piercing** □ **Tattooing**

WORKPLACE / BODY ART ESTABLISHMENT INFORMATION:

Establishment Name: _____

Establishment Address: _____
(Street)

Phone Number: _____ **Fax Number:** _____

ALL LICENSED BODY ART PRACTITIONERS MUST BE EMPLOYED BY A <u>LICENSED BODY ART ESTABLISHMENT</u>.

REQUIRED DOCUMENTATION FOR <u>ALL</u> BODY ART PRACTITIONERS:

Any practitioner currently approved by the Board may renew their permit for two successive annual terms without having to comply with the **requirements** for new applicants. Upon the expiration of the final renewed permit, any application for renewal shall be subject to the same requirements.

1. Evidence of current certification in First Aid and adult Cardiopulmonary Resuscitation by a recognized training provider (American Heart Association or American Red Cross). First Aid/CPR course must be completed within the last two (2) years.

2. Evidence of completion of a course on the prevention of Disease Transmission and Blood Borne Pathogens compliant with the OSHA guidelines in 29 CFR 1910.1030.

3. One 2"x2" passport-type (frontal view, head shot) photo taken within 30 days of submission of this application.

4. Positive identification card, a Massachusetts State Driver's License or a Massachusetts State Identification Card.

5. A Body Art Practitioner Permit Fee of **$150.00**. Checks or money orders made payable to the **Town of Watertown**.

Has your license/permit to practice body art or operate a body art establishment ever been revoked in any town/city/state? Yes____ No____

APPLICANT / BODY ART PRACTITIONER PERMIT STATEMENT OF CONSENT:

I understand that I must obtain a valid Body Art Practitioner Permit to conduct Body Art in the Town of Watertown and that the license is valid for the conduct of those Body Art practices for which I have applied. I also understand that this practitioner permit expires on May 31st of each year. I also understand that any notice to be mailed to me by the Watertown Health Department will be mailed to my address indicated in 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 Watertown Board of Health Body Art Establishment and Practitioners 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's requirements specified in the Watertown Health Department Body Art Regulations while practicing in the Watertown.

I agree to work only out of an establishment that is in compliance with the Town of Watertown Board of Health Body Art Establishment and Practitioners Regulations and has a valid Body Art

Establishment Permit. I agree to have my Body Art Practitioners Permit posted conspicuously within the establishment where I work.

I understand the Watertown Health Department has sixty (60) days to review this application from the date it is submitted. I understand that any omissions of falsification of information requested on this application shall be cause for denial of a permit.

I, the undersigned attest to the accuracy of the information in the application, to the best of my knowledge, is complete, and I affirm that the body art establishment will comply with 105 CMR 480.000 and all applicable laws. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 480.00 and OSHA 29 CFR 1910.130. **Pursuant to MGL Chapter 62C S49A, I certify under penalties of perjury that to the best of my knowledge and belief have filed all State tax returns and paid all State taxes required under law.**

Signature of Applicant: _____ Date: _____

Full Name of Applicant: _____