

APPLICATION FOR PERMIT

Please print clearly and complete the following:

Identification:

License or Identification Card number:

Practitioner License Type:

Body Piercing (only)
Tattooing, Branding and Scarification (only)
Both

Body Art Facility Name: _____

Body Art Facility Address: _____

Number	Street

City _____ State _____ Zip _____

Facility Telephone: _____
area code

Body Art Facility Owner

(if different from practitioner applicant): _____
Please print clearly

You must provide the following:

- A. **Evidence of course completion in Prevention of Disease Transmission & Blood Borne Pathogen Training** (applicant must show a dated certificate of completion for training course that fulfills the requirements of 29 CFR 1910.1030 et seq.)
- B. **Evidence of current certification if First Aid / CPR** (applicant must show a dated certificate of completion of a course in First Aid / CPR that demonstrates the required course was completed within the last two (2) years)
- C. **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)

Body Art Practitioner License Application

Fee: **\$250.00**

Check payable to: **Town of Pembroke**

D. Proof of completion of an approved apprenticeship training program OR Evidence of two years actual experience

E. Documentation of Hepatitis B Virus (HBV) Vaccination Status

Applicant / Body Art Practitioner Licensee Statement of Consent:

I understand that this practitioner license expires on December 31 of this year. I understand that any notice required to be given by the Pembroke Board of Health to me may be given by mailing the notice to the address of the last place of business (facility address) of which I have notified the Pembroke Board of Health. I have received a copy of the Town of Pembroke, Massachusetts Regulations for Body Art and Tattooing TPR #124. I agree to abide by these regulations and procedures. I agree to work only out of a facility that is in compliance with Pembroke Board of Health requirements and has a valid Body Art Establishment License. I agree to have my Body Art Practitioners License conspicuously posted within the establishment where I work.

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

Signature: _____ Date: _____

Name and Title: _____
Please print clearly

Please complete the tax certification form below and return it with this notice and your payment to the Board of Health, 100 Center Street, Pembroke, MA 02359. You may mail or bring this notice to the office to pay for your license by the date on your renewal letter. Approved permits will be mailed to the mailing address provided. The office is open from 8:30 a.m. to 7:00 p.m. on Mondays only, and Tuesday through Friday from 8:30 a.m. to 4:30 p.m. Please call the Board of Health at 781-293-2718 prior to visiting to verify current hours of operation.

CERTIFICATION OF TAX PAYMENT

I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED BY LAW.

Signature of Individual **(Mandatory)**

By: Corporate Officer **(Mandatory if Applicable)**

Social Security Number or Federal Identification Number

Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquent taxes will be subject to license suspension or revocation. This request is made under the authority of M.G.L. Chapter 62C, Section 49A.

This license will not be renewed unless this certification clause is signed by the applicant.