



GREENFIELD BOARD OF HEALTH

City Hall • 14 Court Square • Greenfield, MA 01301
Phone 413-772-1404 • Fax 413-772-2238

Fee: \$125.00
Fee paid: _____
Permit# _____

Application for Body Art Practitioner Permit

Complete and return this form with \$125.00 fee made payable to: City of Greenfield

Upon satisfactory review of the application and receipt of the permit fee, a Body Art Practitioner permit will be issued by the Greenfield Health Department.

New Application

Renewal

1. Name: _____

2. Address: _____

Mailing Address (If different from above): _____

3. Date Of Birth: _____

4. Telephone : _____

5. Identification (please attach copy to application):

Type of Identification Card: State Drivers License

State Identification Card

License or Identification Card Number: _____
(State and Number)

6. Practitioner Permit Type: Body Piercing (only)

Tattooing, Branding and Scarification (only)

Both

7. Body Art Establishment Name: _____

8. Body Art Establishment Address: _____

9. Establishment Telephone: _____

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

11. 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 which fulfills the requirements of 29 CFR 1910.1030 et seq.)
- B. Evidence of current certification in First Aid/CPR.**
- C. Proof of satisfactory completion (a sealed college transcript) of college courses in Anatomy and Physiology with a grade of C or better from an accredited college or such other course or program as the board shall deem appropriate and acceptable may be substituted.**
- D. Evidence of at least 2 years actual experience in the practice of performing Body Art Activities**
- E. Documentation of Hepatitis B Virus (HBV) Vaccination Status or declination notification**
- F. 2" x 2" photo for file.**

APPLICANT/BODY ART PRACTITIONER PERMIT STATEMENT OF CONSENT:

I understand that this practitioner permit expires at the end of the calendar year. I understand that any notice required to be given by the Greenfield Health Department to me may be given by mailing the notice to the address of the last place of business (establishment address) of which I have notified the Greenfield Health Department. I have received a copy of the City of Greenfield Rules and Regulation for Body Art Establishments and Practitioners. I agree to abide by these regulations and procedures. I agree to work only out of a establishment that is in compliance with Greenfield Health Department requirements and has a valid Body Art Establishment Permit. I agree to have my Body Art Practitioners Permit 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.

Date

Signature

Name and Title (Print)

Office use only:	<input type="checkbox"/> Approved, Effective Date: _____ Permit # _____
	Fee Paid: _____
	<input type="checkbox"/> Disapproved, Comment: _____