

Wellesley Health Department
90 Washington Street
Wellesley, MA 02481
Telephone: (781) 235-0135

Fee: \$350.00	Expires: 06/30/
Permit #	

Application for Body Art Practitioner License

Complete and remit this form with \$350.00 registration fee (made out to: *Town of Wellesley*) to:

Wellesley Health Department
90 Washington Street
Wellesley, MA 02481

Upon satisfactory review of the application and receipt of the license fee, a numbered Practitioner license will be issued by the Wellesley Health Department.

- New Application
- Renewal

1. Name: _____
(Last name, First name, Middle Initial)

2. Date of Birth: _____
(Month, Day, Year)

3. Identification:
Type of Identification Card: State Drivers License
 State Identification Card

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

4. Practitioner License Type: Body Piercing (only)
 Tattooing, Branding and Scarification (only)
 Both

5. Body Art Facility Name: _____

6. Body Art Facility Address: _____

7. Facility Telephone: _____

8. Body Art Facility Owner (if different from practitioner applicant) _____

9. 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. (Applicant must show a dated certificate of completion of a course in First Aid/CPR which 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)
- 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 June 30th of this year. I understand that any notice required to be given by the Wellesley Health Department 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 Wellesley Health Department. I have received a copy of the Town of Wellesley Ordinance on the Regulation of Body Art (Chapter 19.00). I agree to abide by these regulations and procedures. I agree to work only out of a facility that is in compliance with Wellesley Health Department 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.

Date

Signature

Name and Title (print)

Office Use Only:	<input type="checkbox"/> Approved, Effective Date: _____	License # _____ Fee Paid: _____
	<input type="checkbox"/> Disapproved, Comment: _____	