

**TOWN OF MILLBURY**  
127 Elm Street, Millbury, MA 01527  
508-865-4721 Fax 508 865-0878

**APPLICATION FOR BODY ART PRACTITIONER PERMIT**

Date \_\_\_\_\_

Permit Fee \$100.00

Expires: March 31, of each year

**BODY ARTIST INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name and address of Establishment where artist will be employed \_\_\_\_\_

Required Documents to be submitted with this application

1. Evidence of current certification in CPR and First Aid
2. Evidence that applicant is at least eighteen years of age
3. Bloodborne Pathogen Training
4. Successful completion of course and exam on Anatomy & Physiology (Grade C or better) at a college accredited by the New England Association of Schools & Colleges.
5. Proof that above course included instruction on the integumentary system (skin)
6. Evidence of 2 years experience in the practice of body art activities
7. Copy of Drivers License and Social Security Number

I hereby certify that I have received, read and understand the requirements of the Millbury Board of Health Body Art Regulation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, 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 under the law.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

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Application Expiration: March 31, of each Year

Permit Number \_\_\_\_\_

Application Denied \_\_\_\_\_

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