

## TOWN OF MEDWAY COMMONWEALTH OF MASSACHUSETTS

Medway Town Hall 155 Village Street Medway, MA 02053 Phone (508) 533-3206

## **BOARD OF HEALTH**

## **Body Art Practitioner Permit Application**

Date:				
Type of Application	on: □ New	□ Renewal		
Type of Body Art:	□ Tattoo	□ Piercing	□ Tattoo/ Piercing	
	☐ Branding	☐ Scarification	□ Other:	
Practitioner Inform	nation:			
Name:			Date of Birth:	
Residence Address	S:			
Mailing Address:				
hone Number: Email:				
•		tion (where will you	be employed):	
Address:			, Medway MA 0	2053
Phone Number:		Er	mail:	
penalties of perjury Taxes required und affirm to comply wit statements shall co	that I, to my beader law. I hereby th all rules and reposition	st knowledge and be attest to the accurace equirements of Medva for denial.	dief, have filed all State Tax returns and paid all State of the information provided in the application and way's Board of Health. I understand that false	ate
N.	ame (Please Pri	int)	Signature	

## Applications will not be accepted unless ALL of the following documents are enclosed with the application:

- Completed Body Art Practitioner Permit Application. Incomplete applications and missing documents may delay the review and permitting process.
- Permit Fee- \$50- Make check payable to "Town of Medway"
- Bloodborne Pathogens Training
- First Aid Certification
- CPR Certification
- Skin Disease Training
- Anatomy and Physiology Training
- Submit one of the following:
  - Evidence of at least one-year apprenticeship under the supervision of a trained & experience body art professional
  - o Proof of a licensure in another Massachusetts Community
  - Evidence of at least one year of apprenticeship experience with no history of piercing causing short or long term health problems (piercing permits only)