



# *Town of Marshfield*

**Board of Health**  
870 Moraine Street  
Marshfield, Massachusetts 02050  
Tel: 781-834-5558 Fax: 781-837-6047

## **Application for Body Art Facility License**

☐ **New application**

☐ **Renewal**

**Fee \$250**

1. Body Art Facility Name: \_\_\_\_\_
2. Body Art Facility Address: \_\_\_\_\_
3. Body Art Facility Telephone : \_\_\_\_\_
4. Mailing Address (if different): \_\_\_\_\_
5. Body Art Facility Applicant: \_\_\_\_\_
6. Address of Applicant: \_\_\_\_\_
7. Name of Owner (if different from applicant): \_\_\_\_\_
8. If Corporation or partnership, list name, title and home address of officers or partners:  
\_\_\_\_\_  
\_\_\_\_\_
9. State of Incorporation: \_\_\_\_\_
10. Emergency Response Person: Name \_\_\_\_\_ Home Phone: \_\_\_\_\_
11. Facility License Type: ☐ Body Piercing (only) ☐ Tattooing, Branding and Scarification (only) ☐ Both
12. Facility Hours of Operation: Mon – Thurs: \_\_\_\_\_ Fri \_\_\_\_\_ Sat-Sun \_\_\_\_\_
13. **Provide the following:**
  - A. Scaled plans and specifications of the proposed facility to demonstrate compliance with the Body Art Rules and Regs.
  - B. Copy of Client application and consent form for Body Art within the Facility
  - C. Copy of Aftercare Instructions to be used by all Practitioners within the Facility
  - D. Name of Waste Hauler servicing Facility
  - E. Name of Waste Hauler for contaminated (infectious) waste and sharps

### **APPLICANT/BODY ART FACILITY LICENSEE STATEMENT OF CONSENT:**

I understand that this registration expires on May 31 of this year. I have received a copy of the Town of Marshfield Body Art Rules and Regulations and I agree to abide by them. I agree to post a valid and updated Body Art Facility license and all Practitioner licenses conspicuously in my business at all times.

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)



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### **Application for Body Art Practitioner License**

☐ **New application**

☐ **Renewal**

**Fee \$100**

1. Name. \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_

2. Home Mailing Address: \_\_\_\_\_

3. Identification (State Drivers Lic. # or State ID #): \_\_\_\_\_

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: (New Applicants Only)**

- A. Evidence of course completion in Prevention of Disease Transmission and Blood Borne Pathogen Training (Applicant must supply 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 taken within the last two- (2) years.
- C. Proof of satisfactory completion of a course in Anatomy and Physiology with a grade of C or better at a college accredited by the New England Association of Schools and Colleges, or comparable accrediting entity.
- D. Documentation of Hepatitis B Virus (HBV) Vaccination Status
- E. Evidence of at least two years actual experience in the practice of performing body art activities of the kind for which the applicant seeks a body art practitioner permit to perform, whether such experience was obtained within or outside of the Commonwealth

#### **APPLICANT/BODY ART FACILITY LICENSEE STATEMENT OF CONSENT:**

I understand that this practitioner license expires on May 31 of this year. I have received a copy of the Town of Marshfield Body Art Rules and Regulations and I agree to abide by them. I agree to post a valid and updated Body Art Practitioner's license conspicuously in the establishment where I work at all times. I agree to only work out of a facility that is in compliance with the Town of Marshfield Board of Health requirements and has a valid Body Art Establishment License.

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)