



TOWN OF NORTHBRIDGE
BOARD OF HEALTH

Aldrich School Town Hall Annex - 14 Hill Street
Whitinsville, MA 01588
Phone (508) 234-3272 Fax (508) 234-0821

APPLICATION FOR BODY ART PRACTITIONER PERMIT

Date: _____

Permit Fee: \$100.00

Body Artist Information

Name: _____

Address: _____

Mailing Address (if different): _____

Phone Number: _____ Date of Birth: _____

Name of Establishment(s) where artist will be employed:

Required Documents to be submitted with this application:

- ☐ Evidence of current certification in CPR and First Aid
- ☐ Evidence that applicant is at least eighteen years of age
- ☐ Bloodborne Pathogen Training
- ☐ Successful completion of course and exam on anatomy & physiology (Grade C or better) at a college accredited by the New England Assoc. of Schools & Colleges
- ☐ Proof that above course included instruction on the integumentary system (skin)
- ☐ Evidence of 2 years experience in the practice of body art activities
- ☐ Signed Revenue Enforcement And Protection Attestation form
- ☐ Copy of Driver's License and Social Security Number

I verify that I have read the Northbridge Board of Health rules and regulations governing Body Art and agree to abide by them.

Print Name of Applicant

Signature of Applicant

Date

In addition, it is my understanding that the issuance of this permit is subject to the results of a criminal record check on me by the Northbridge Police Department, and thereto I have furnished to the Board of Health a copy of my Driver's license and Social Security Number.

Signature of Applicant

Date

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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 or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

**Social Security Number (Voluntary) or Federal Identification Number

* This license/permit will not be issued unless this certification clause is signed by the applicant.

** Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws Chapter 62C, Section 49A.