



Terri A. Guarino
Health Agent

**TOWN OF BOURNE
BOARD OF HEALTH**
24 Perry Avenue
Buzzards Bay, MA 02532
www.townofbourne.com/health
Phone (508) 759-0600 ext. 1513
Fax (508) 759-0679



--2019 BODY ART ESTABLISHMENT PERMIT APPLICATION -- PLEASE READ CAREFULLY --

- Application fee is non-refundable. Cash or check payable to the Town of Bourne required. Permits may not be prorated or transferred.
- Permits to operate as a Body Art Practitioner expire on an annual basis. Applicants failing to submit this application and the required fee prior to the expiration date of the existing permit shall be assessed a late charge and may require a hearing before the Board of Health.
- Incomplete applications will be returned for corrections/ completion and delay the issuance of a permit. Please print legibly. All blanks **MUST** be filled in and application signed by owner/ operator. Certifications must be attached to this application for it to be deemed complete.

Fee \$300.00

Name of Establishment			Establishment Phone Number		
Establishment Address			Email Address		
Name of Owner (Please Print)			Mailing Address		
Cell Phone Number		Gender (M/F)	Date of Birth		
Type of Body Art		Number of Practitioners	Dates & Hours of Operation		
Name of Emergency Contact Person			Cell Phone Number(s)		

If applicant also licensing as Body Art Practitioner, please check box ☐

And complete information in the table below including submitting an additional **\$125.00 fee** for a Practitioner Permit

Check all	Please submit proof of the following certificates for:	EXPIRATION DATE:
	<input type="checkbox"/> Bloodborne Pathogen Training - U.S. OSHA or equivalent	
	<input type="checkbox"/> Attendance/ Completion of Courses on Anatomy, Skin Diseases, Disorders, and Conditions	
	<input type="checkbox"/> First Aid/ CPR training	
	<input type="checkbox"/> Preventing Disease Transmission - American Red Cross or equivalent	

****Please make sure to include a copy of your workman's compensation or insurance affidavit when returning all license applications, unless you are a sole proprietor.****

OFFICE USE ONLY

Checked _____ Date Issued _____ Permit # _____

Applicant Signature _____ Date _____

Print Name _____