



Terri A. Guarino
Health Agent

TOWN OF BOURNE BOARD OF HEALTH

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--2019 BODY ART PRACTITIONER 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 \$125.00

Name of Practitioner			Date of Birth		
Mailing Address			E-mail Address		
Name of Body Art Establishment			Business Address		
Cell Phone Number		Gender (M/F)		Dates & Hours of Operation	
Type of Body Art (describe)					
Name of Emergency Contact Person				Emergency Contact Phone Number(s)	

Please complete information in the table below including submitting copies of certificates

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	

OFFICE USE ONLY

Applicant Signature _____ Date _____

Print Name _____

Checked _____ Date Issued _____ Permit # _____