

SPRINGFIELD HEALTH & HUMAN SERVICES DEPARTMENT  
DIVISION OF ENVIRONMENTAL HEALTH  
311 STATE STREET  
SPRINGFIELD, MASSACHUSETTS 01105  
TELEPHONE 413-787-6740 FAX: 413-787-6458



**PRACTITIONER OF BODY ARTS APPLICATION FOR INDIVIDUAL LICENSE**

NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_ **PERMIT FEE: \$100 EVERY 2 YEARS**

DATE: \_\_\_\_\_

NAME: (print) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS: (if different) \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PROSPECTIVE EMPLOYER: \_\_\_\_\_

NAME OF ESTABLISHMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF BODY ART SCHOOL OR TRAINING SPECIALIST: \_\_\_\_\_

ADDRESS OF SCHOOL OR SPECIALIST: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**PLEASE SUPPLY THE FOLLOWING INFORMATION REGARDING YOUR TRAINING. ACCEPTABLE COURSES MUST INCLUDE THE FOLLOWING:**

- BLOODBORNE PATHOGEN TRAINING PROGRAM (U.S. OSHA)
- PREVENTING DISEASE TRANSMISSION (AMERICAN RED CROSS)
- FIRST AID AND CPR CERTIFICATIONS
- COURSE ON ANATOMY (EXAMINATION ON ANATOMY OR TRAINING AND EXPERIENCE
- COMPLETED AN EXAMINATION ON SKIN DISEASES, DISORDERS AND CONDITIONS, INCLUDING DIABETES OR POSSESSES A COMBINATION OF TRAINING & EXPERIENCE

**\*\*\*\*PLEASE SUBMIT PHOTOCOPIES OF ANY DIPLOMAS FROM THE TRAINING SCHOOLS FOR ANY COURSES INCLUDED AND RETURN WITH THIS APPLICATION AND FEE TO OUR OFFICE.**

**I HAVE RECEIVED, READ AND UNDERSTOOD THE CITY OF SPRINGFIELD ORDINANCE GOVERNING BODY ART ESTABLISHMENTS AND PRACTITIONERS.**

**PURSUANT TO M.G.L CHAPTER 62C, SECTION 49A, I CERTIFY UNDER PENALTIES OF PERJURY THAT I, TO THE BEST OF MY KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL TAXES REQUIRED UNDER LAW.**

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL

\_\_\_\_\_  
SOCIAL SECURITY OR FEDERAL ID#

**MAKE \$100.00 CHECK/MONEY ORDER PAYABLE TO: CITY OF SPRINGFIELD**