

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: \$200 EVERY 2 YEARS**

DATE: _____

NAME :(print) _____

RESIDENTIAL ADDRESS: _____ CITY _____ STATE _____

MAILING ADDRESS: (if different) _____

TELEPHONE: _____ DATE OF BIRTH: _____

PROSPECTIVE EMPLOYER (S): _____

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#

PERMIT FEE: \$200 EVERY 2 YEARS MAKE CHECK/MONEY ORDER PAYABLE TO CITY OF SPRINGFIELD AND SEND WITH APPLICATION TO THE ABOVE ADDRESS