



AVON BOARD OF HEALTH
Buckley Center / 65 East Main St. / Avon, MA 02322
508-588-0414

BODY ART PRACTITIONER APPLICATION PERMIT

Permit Number: _____ Date: _____ Annual Fee:
Pd: _____

An application is hereby made to practice as a body art practitioner in the town of Avon, Massachusetts. Upon satisfactory review of the application, verification of information and receipt of the registration fee, the permit to practice will be issued. All cost for the application and verification of the documentation are the responsibility of the applicant. **Please submit at least 30 days before the planned practicing date to allow adequate processing time.**

New application (\$100.00) _____ renewal
(\$50.00) _____

Applicant Name & Title:

Residence Address:

_____ Zip

Code: _____

Mailing Address:

_____ Zip

Code: _____

Applicant Emergency Number: _____ Pager/cell phone:

Date of Birth: _____ Social Security #:

Federal ID:

Establishment Information- All Practitioners must practice out of a licensed

Establishment

Establishment Name: _____

Establishment Address: _____

Body Art Pract. Appl. 08

Telephone Number: _____

For renewals, the following is needed to be renewed every three years :

- **First Aid/CPR**
- **Practitioner Identification Card**

I acknowledge that I am familiar with the local Body Art regulations and understand my responsibilities as outlined in these regulations. I certify under the penalties of perjury that I, to the my best knowledge and belief, have filed all State tax returns and paid all State taxes required under the law.

* Signature of Applicant/Officer

Date

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

** Your Social Security # will be furnished to the Massachusetts Department of revenue to be determined 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 Mass. General Laws, Chapter 62C, Section 49A.

For new practitioners, complete and return this form with the following:

- **Annual Fee- made payable to the town of Avon**
- **Documentation of education, training and certification**
- **Two copies of a small passport type picture for identification card**

Education: Attach a copy of your transcript :

• Anatomy & Physiology I & II, Skin diseases, disorders, Infectious disease control , Bloodborne Pathogens, First Aid/CPR: expiration date:_____.(Renewable every three years)

Internship/Training:

Practitioner: _____

Address: _____

Town, State, Zip code: _____

Phone Number: _____

Length of internship/training: _____

BOH Use ONLY

Date Received _____ Cori/Sori _____ Date Interviewed _____ Approved By _____

Comments: