



## APPLICATION FOR A PERMIT TO PRACTICE BODY ART

Hatfield Board of Health  
59 Main Street  
Hatfield, MA 01038

413-247-9200 ext. 6

**LICENSE FEE: \$200.00**

### TOWN OF HATFIELD

TYPE OF ESTABLISHMENT: BODY PIERCING \_\_\_ TATTOOING \_\_\_ BOTH \_\_\_ NEW APPLICANT \_\_\_

Name of Individual: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Body Art Establishment Owner (if different): \_\_\_\_\_

Body Art Establishment Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

NOTE: (A) INDIVIDUALS MUST PRACTICE IN A LICENSED BODY ART ESTABLISHMENT  
(B) IF THE INDIVIDUAL, PERMIT HOLDER WILL BE PRACTICING BODY ART OUT OF HIS/HER ESTABLISHMENT, A SEPARATE ESTABLISHMENT APPLICATION MUST BE FILED AN A BODY ART ESTABLISHMENT LICENSE OBTAINED.

NOTE: FIRST TIME APPLICANTS MUST PROVIDE THE FOLLOWING INFORMATION WITH THIS APPLICATION.

- (1) TRAINING – List dates, institutions and contact/references (use back)
- (2) Dates and places of prior employment as a body arts practitioner
- (3) Present Photo I.D. at the time of application
- (4) Have you ever been convicted of any criminal offense? YES \_\_\_ NO \_\_\_
- (5) Are you currently under charges for any criminal offense? YES \_\_\_ NO \_\_\_
- (6) If “YES” to either of the above, give dates, lists of offenses and charges disposition (use application back if necessary).

I declare the above facts are true and complete to the best of my knowledge and belief. I further understand that any false or misleading answer(s) will be cause for denial or revocation of my Permit to Practice Body Art.

Tax ID Number \_\_\_\_\_

Signature of practitioner applying for license \_\_\_\_\_

**PLEASE MAKE ALL CHECKS PAYABLE TO TOWN OF HATFIELD**

## BODY ART PRACTITIONER HISTORY & INFORMATION PAGE

Date(s) of Employment \_\_\_\_\_ Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

(ONLY NEW APPLICANTS MUST complete this page for Board of Health records).

### TRAINING: List all relevant course taken:

Name of Course: \_\_\_\_\_ Date: \_\_\_\_\_  
Institution \_\_\_\_\_ Contact/Reference \_\_\_\_\_ Phone # \_\_\_\_\_

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Institution \_\_\_\_\_ Contact/Reference \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Course: \_\_\_\_\_ Date: \_\_\_\_\_  
Institution \_\_\_\_\_ Contact/Reference \_\_\_\_\_ Phone # \_\_\_\_\_

### EXPERIENCE: List all prior body art experience

Name and Address of Establishment: \_\_\_\_\_  
Date(s) of Employment: \_\_\_\_\_ Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

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Date(s) of Employment: \_\_\_\_\_ Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

### CRIMINAL CONVICTIONS: List all prior criminal convictions

Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_

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Location: \_\_\_\_\_

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Location: \_\_\_\_\_

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