

**BOARD OF HEALTH
TOWN OF AUBURN**

104 Central Street
Auburn, MA 01501
(508) 832-7703 Fax: (508) 832-4219



APPLICATION TO PRACTICE TATTOOING AND/OR BODY ART

Date of Application _____
FEE: \$100.00 (One Hundred Dollars)

1. APPLICANT INFORMATION

Name of applicant: _____ Date of Birth: _____
 Address: _____
 _____ Phone: _____
 Mailing Address: _____

 Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Sex: _____

2. PROPOSED ESTABLISHMENT OF YOUR EMPLOYMENT

Name: _____
 Address: _____
 _____ Phone: _____
 Mailing address: _____

3. EDUCATION

School	Address	Course of study	Years of Attendance		Did you graduate
<u>Elementary</u>					<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>High School</u>					<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>College</u>					<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>Other</u>					<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>Other</u>					<input type="checkbox"/> YES <input type="checkbox"/> NO

4. ADDITIONAL TRAINING SPECIFIC TO BODY ART

5. LICENSE HISTORY

Specific body arts you will practice _____

List all current or previous Body art licenses you have held

Has your right to practice ever been suspended, revoked, or denied YES NO

If "YES" state reason: _____

6. EMPLOYMENT HISTORY (Please account for previous three years)

Years of employment		Name & address of Employer	Type of business & specific duties	Reason for Leaving
From	To			
		_____ _____ _____ Supervisor	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
		_____ _____ _____ Supervisor	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
		_____ _____ _____ Supervisor	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
		_____ _____ _____ Supervisor	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____

7. CRIMINAL HISTORY

Have you ever been convicted of any violation of the law other than a minor traffic offense by a court of competent jurisdiction? YES NO If "YES" give grounds

8. REFERRANCES

Name	Address	Occupation	Telephone Number

Additional information - Please submit the following information to be reviewed as part of this application:

- Current certificate in Blood Borne pathogen training
- Current certificate in First Aid and CPR
- Transcripts and a course description proving completion of a course(s) or examination on anatomy or proof an equivalent combination of training
- A current photograph of the applicant
- Proof of age of the applicant
- Proof of training in the exact disciplines you intend to practice at this establishment
- Appropriate application review fee as determined by the Board of Health (\$100.00)

The facts set forth in this application are true and complete. I understand that false statements on this application shall be considered cause for denial, suspension or revocation of a license

Signature of Applicant

Date

Print name of Applicant

A permit to operate as a body art practitioner expires each December 31 and must be renewed prior to this date.