TOWN OF SUNDERLAND
BOARD OF HEALTH
12 SCHOOL STREET, SUNDERLAND, MA 01375
413-665-1441

BODY ART TECHNICIAN / ESTABLISHMENT APPLICATION

ESTABLISHMENT PERMIT - FEE: $250 ☐ **New Application** ☐ **Renewal**
TYPE OF PRACTICE: ☐ Body Piercing ☐ Tattooing ☐ Both

TECHNICIAN PERMIT - FEE: $200 ☐ **New Application** ☐ **Renewal**

- TECHNICIAN PERMIT APPLICANTS MUST PRACTICE IN A LICENSED BODY ART ESTABLISHMENT
- IF THE INDIVIDUAL PERMIT HOLDER WILL BE PRACTICING BODY ART OUT OF HIS/HER ESTABLISHMENT, A SEPARATE ESTABLISHMENT APPLICATION MUST BE FILED AND A BODY ART ESTABLISHMENT LICENSE OBTAINED.

Date Paid: _____ ( ) Check# Fee Paid: _____ ( ) Cash

Date of Application: _____

Name of Establishment: _____

Establishment Address: _____

Establishment Telephone: _____

Mailing Address (if different than above) _____

Establishment Applicant: _____

Address of Applicant: _____

Telephone of Application: _____

Name of Owner (if Different than Applicant): _____

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

1) Provide Copies of Training Certifications – list dates, institutions and contacts/references (Blood borne pathogen training, current first aid, CPR and anatomy training for body piercing applicants.)
2) Dates and Places of Prior Employment as Body Arts Technician
3) Present Photo I.D. at Time of Application

If Corporation or partnership, list name, title and home address of officers or partners:

Name	Title	Address

Emergency Response Person: Name: _____

Address: _____

Telephone: _____

Establishment Permit Type:
☐ Body Piercing (only)
☐ Tattooing, Branding and Scarification (only)
☐ Both

Establishment Hours of Operation: _____

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APPLICANT / BODY ART ESTABLISHMENT PERMIT STATEMENT OF CONSENT

I understand that this registration expires one year from date of issue. I understand that any notice required to be given by the Sunderland Board of Health to me may be given by mailing the notice to the address of the last place of business (establishment address) of which I have notified the Sunderland Board of Health. I have received a copy of 105 CMR 480. I agree to abide by these regulations and procedures. I agree to post the following valid and updated documents conspicuously in my place of business at all times:

- *Original Permits for all Body Art Practitioners working in the establishment and,*
- *Original Permit for Body Art Establishment*
- *Procedure for filing complaint with Sunderland board of Health*
- *An Emergency Plan*
- *Occupancy permit issued by Building Inspector*

_____ _____

Date Signature

_____

Name & Title (*please print*)

Office Use Only

- Date Application Received _____
- Fee Received: _____
- Board of Health Meeting Date: _____ ☐ Approved ☐ Disapproved

Comments / conditions:

_____

_____

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