



TOWN OF WEBSTER
Health Department
350 Main Street
Webster, MA 01570
Phone: 1-508-949-3800 x 4002

Webster Board of Health

**APPLICATION FOR BODY ART & BODY PIERCING
PRACTITIONER LICENSE**

Date _____

Fee \$100.00 _____

Name: _____

Date of Birth: _____

Telephone Number / Cell Number

RESIDENTIAL ADDRESS:

MAILING ADDRESS:

ESTABLISHMENT INFORMATION:

Name of Establishment where you plan to practice _____

Address of establishment _____

Telephone number _____

Place(s) of Practice and duration of time practicing

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Please attach the following with completed application:

1. Copy of Driver's license or other acceptable proof of ID and Age,

2. Proof of successful completion of a blood born pathogen training program (or equivalent, acceptable to the Board of Health) and
3. Proof of successful completion of an Anatomy and Physiology course (or equivalent, acceptable to the Board of Health)
4. A history of experience.
5. Certificate of Liability Insurance
6. Copy of Photo ID with proof of age.
7. Proof of First Aid and cardiopulmonary resuscitation (CPR) training.
8. A physicians certificate (dated within six months of application) stating that the applicant is free from communicable disease.

HEREBY DECLARE, UNDER THE PENALTY OF PERJURY, THAT THE FOREGOING INFORMATION CONTAINED THIS APPLICATION IS TRUE AND CORRECT.

Applicant signature

Date