



WEBSTER HEALTH DEPARTMENT
350 Main Street
Webster, MA 01570
Phone: (508) 949-3830, Fax: (508) 949-3888

APPLICATION FOR BODY ART APPRENTICESHIP PERMIT

Date: _____

License filing fee of \$300 submitted: yes _____ no _____

Applicant's Full Name: _____

Home Address: _____

No. Street

Town/ City

State

Zip Code

Home Phone Number: _____ Business Phone Number: _____

Business Name: _____

Business Address: _____

No. Street

Town/ City

State

Zip Code

Type of Body Art to be practiced: Body piercing (only) _____
Tattooing (only) _____
Both _____

What education, training and experience have you had to qualify you to practice Body Art:

Former occupations or Body Art occupations of applicant for the past (3) years:

Occupation **Name of Business and Address**

At what place or places do you wish to be licensed to practice apprenticeship?

Business Name **Address**

List the name of the supervising Body Art Practitioner

Have you ever had a license or permit to practice Body Art suspended or revoked by any agency or board, city, county or state? Yes_____ No_____

If yes, explain:

I authorize and release the Board of Health to seek information or references necessary to verify the information contained in this application:

Signature of Applicant _____ Date_____

I certify under penalty of perjury that all information contained in this application is true and correct. Any misstatements in this application are grounds for refusing to issue or for revocation of any license issued.

Signature of Applicant _____ Date_____