



## Town of Uxbridge

### Board of Health

21 South Main Street

Uxbridge, MA 01569

508-278-8600 Ext.8

[boh@uxbridge-ma.gov](mailto:boh@uxbridge-ma.gov)

## **Application for Body Art Practitioner Permit**

Date: \_\_\_\_\_, 20\_\_\_\_

### Non-Refundable Fee **\$100.00**

(Checks made payable to Town of Uxbridge)

A permit for Body Art Practitioner shall not be transferable from one person to another. This requires a new application and permit. A Practitioner's permit shall be conditioned upon continued compliance with all applicable provisions in these regulations.

### **Establishment Information**

Name of Body Art Establishment Employed: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Mailing Address of Establishment: \_\_\_\_\_

(If different than establishment address)

Telephone Number of Establishment: \_\_\_\_\_

### **Applicant Information**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Telephone Number of Applicant: \_\_\_\_\_

Email of Applicant: \_\_\_\_\_

Date of Birth (must be a minimum of 18 years old): \_\_\_\_\_

Definition of services to be provided:

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**Attach the following**

1. A copy of the applicants' valid government ID example – state issued driver's license, passport or passport card, state issued ID.
2. Documentation of a completed course on anatomy, completed and examination on anatomy, or documentation of equivalent combination of training and experience. Section 22.11 (E) (3)
3. Provide proof of training for blood borne pathogen training program and current certification in First Aid and cardiopulmonary resuscitation (CPR) Section 22.11 (E) (2) (a and b)
4. Provide documentation on a completed course on skin diseases, disorders and conditions, including diabetes or completed an examination on skin diseases, disorders and conditions, including diabetes or possesses a combination of training and experience. Section 22.11 (E) (4)
5. Provide proof of a skin test for tuberculosis within the last two years.

I hereby declare, under penalty of perjury, that the foregoing information contained in this application is true and correct. I have received, read and understand the requirements of the Uxbridge Board of Health Article XXII Body Art Establishment Regulations.

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Signature of Applicant

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Date

**REAP ATTESTATION FORM**

Massachusetts Department of Revenue

**REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

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\*Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if applicable)

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\*\*Social Security Number (Voluntary) or Federal Identification Number

\*This license will not be issued unless this certification is signed by the applicant.

\*\*Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law C. 62C. s. 49A.