

**Town of Barnstable**  
**Regulatory Services Department**  
**Public Health Division**

200 Main Street, Hyannis MA 02601

OFFICE: 508-862-4644  
FAX: 508-790-6304

Thomas A. McKean, CHO

DATE: \_\_\_\_\_ Establishment Permit: \$100  
Body Artist Permit: \$50

**RENEWAL** Application for License for Body Art Practitioner

Full Name of Practitioner Applying: \_\_\_\_\_

Full Name of Establishment \_\_\_\_\_

Location of Business \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

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1. Name all occupations in which you have been engaged during the last year and the addresses of where you worked. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CURRENT CERTIFICATIONS / PAPERWORK:**

\_\_\_\_\_ Evidence of current certification in First Aid/CPR submitted (solely, online certification is not in compliance).

\_\_\_\_\_ Proof of Hepatitis B vaccination series must be submitted.

\_\_\_\_\_ Evidence of an annual certification in Blood Borne Pathogen submitted.

\_\_\_\_\_ Picture of Artist must be on file at Public Health Division.

**Applicant / Body Artist Statement of Consent:**

I have received a copy of the Barnstable Board of Health's regulations and recommended infection control procedures regarding body piercing, if licensed for this. I agree to abide by these regulations and procedures. I agree to work only out of the facilities that are in compliance with Barnstable Board of Health requirements. I agree to post the required documents conspicuously in my place of business at all times. I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_