

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. BAPA -	YEAR 2012
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## APPLICATION FOR AN APPRENTICE PERMIT TO PRACTICE BODY ART

CASH

CHECK

NORTHAMPTON BOARD OF HEALTH  
212 MAIN STREET  
NORTHAMPTON, MA 01060  
(413) 587 - 1214

# LICENSE FEE: \$50.00

Type of Practice: BODY PIERCING  TATTOOING  BOTH  NEW APPLICANT  RENEWAL

Name of Individual: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: Male  Female   
 Home Address: \_\_\_\_\_  
 Mailing Address (If different): \_\_\_\_\_  
 Name of Licensed Body Art Establishment Where Employed: \_\_\_\_\_  
 Name of Body Art Establishment Owner (If different): \_\_\_\_\_  
 Name of Approved Trainer: \_\_\_\_\_  
 Body Art Establishment Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: (A) INDIVIDUALS MUST PRACTICE IN A LICENSED BODY ART ESTABLISHMENT.  
 (B) 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.**

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

(1) TRAINING – Blood borne pathogen training and current First Aid, CPR and anatomy training for body piercing applicants.

(2) Present Photo I.D. at the Time of Application

(3) (a) Have you ever been convicted of any criminal offense? YES  NO   
 (b) Are you currently under charges for any criminal offense? YES  NO   
 (c) If "YES" to either of the above, give dates, list offenses and charges disposition (use application back if necessary).


I declare the above facts are true and complete to the best of my knowledge and belief. I further understand that any false or misleading answer(s) will be cause for denial or revocation of my Permit to Practice Body Art.

\_\_\_\_\_  
TAX ID or SOCIAL SECURITY NUMBER

\_\_\_\_\_  
Signature of practitioner applying for license

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

# BODY ART PRACTITIONER HISTORY & INFORMATIONAL PAGE

(ONLY NEW APPLICANTS MUST complete this page for Board of Health Records).

TRAINING: List all relevant courses taken:

Name of Course \_\_\_\_\_ Date: \_\_\_\_\_  
Institution \_\_\_\_\_ Contact/Reference \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of Course \_\_\_\_\_ Date: \_\_\_\_\_  
Institution \_\_\_\_\_ Contact/Reference \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of Course \_\_\_\_\_ Date: \_\_\_\_\_  
Institution \_\_\_\_\_ Contact/Reference \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of Course \_\_\_\_\_ Date: \_\_\_\_\_  
Institution \_\_\_\_\_ Contact/Reference \_\_\_\_\_ Phone # \_\_\_\_\_

EXPERIENCE: List all prior Body Art Experience:

Name of Establishment: \_\_\_\_\_ Address \_\_\_\_\_  
Date(s) of Employment \_\_\_\_\_ Reference: \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of Establishment: \_\_\_\_\_ Address \_\_\_\_\_  
Date(s) of Employment \_\_\_\_\_ Reference: \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of Establishment \_\_\_\_\_ Address \_\_\_\_\_  
Date(s) of Employment \_\_\_\_\_ Reference: \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of Establishment: \_\_\_\_\_ Address: \_\_\_\_\_  
Date(s) of Employment \_\_\_\_\_ Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

Criminal Convictions: List all prior criminal convictions:

Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_  
Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_  
Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_  
Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_