

**Town of Lanesborough – Board of Health**

**Application for Permit to Operate as a Body Art Technician**

New       Renewal       Technician - \$125       Establishment - \$100

Name \_\_\_\_\_ Tel. # \_\_\_\_\_

Address \_\_\_\_\_

Business Name \_\_\_\_\_ Tel. # \_\_\_\_\_

Address \_\_\_\_\_

E-mail address \_\_\_\_\_

**Provide the Following**

- Driver's License, Passport or other photographic proof of identity and age.
- High School Diploma or its equivalent.
- Evidence of course completion in Preventing Disease (Bloodborne Pathogens).
- Evidence of current certification (within last 2 years) in First Aid and CPR.
- Proof of completion of a course in Anatomy and Physiology.
- Proof of eligibility for membership as a Professional Business Member or Professional Member at Large by the Association of Professional Piercers.
- Proof of eligibility for membership as a Professional Tattooist by the Alliance of Professional Tattooists.
- Proof of one (1) year of licensing in another municipality or state, or one (1) year apprenticeship training as a piercer, three (3) years apprenticeship as a tattooist.
- A certificate from a physician stating that within 30 days prior to the submission of the application the applicant has been examined and found to be free of any contagious or communicable disease.
- Proof of vaccination against Hepatitis B.

*I understand that I must conform with the Code of the Town of Lanesborough, Regulation 2016-01, Body Art, as well as with any terms and conditions imposed by the Board of Health or its designated agents. I certify, under the pains and penalties of perjury, that the facts set forth in this application are true and complete, to the best of my knowledge and belief. If this is a renewal application I certify, under the pains and penalties of perjury, that all information shown on the original application remains correct, or that any relevant changes have been included with this application. I understand that any false or misleading statements on this application may be considered as cause for denial, suspension, or revocation of a license.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

**The following must be posted prominently in the Body Art Establishment:**

- All Permits to Operate as a Body Art Technician.
- Body art procedures and follow-up care procedures.
- Infection Control Practices.

Lanesborough BOH Permit Issued	
Date: _____	Permit #: _____