



NANTUCKET HEALTH DEPARTMENT
131 PLEASANT STREET
NANTUCKET, MASSACHUSETTS 02554
Telephone 508.228.7200

APPLICATION FOR BODY ART PRACTITIONER LICENSE

Complete and return this form with \$150.00 registration/renewal fee (made out to: *Town of Nantucket*) to the above address. Upon satisfactory review of the application and receipt of the license fee, a numbered practitioner license will be issued by the Nantucket Health Department. Such license is valid from date of issue until December 31st.

New Application

Renewal

1. **Name** _____
Last First Middle Initial

2. **Address** _____
Number Street Apt.

City State Zip

3. **Identification**
Type of identification used State Driver's License State Identification Card
License or Identification Card Number: State _____ Number _____

4. **Practitioner License Type:** **Body Piercing (only)**
 Body Art (only)
 Both

5. **Body Art Facility Name** _____

6. **Body Art Facility Address** _____

7. **Facility Telephone** _____

8. **Body Art Facility Owner** (if different from practitioner applicant) _____

9. Applicant must provide the following:

- a. **Evidence of successful course completion in Prevention of Disease Transmission & Blood Borne Pathogen Training.** (Applicant must show a dated certificate of completion with grade verification, for training course which fulfills the requirements of 29 United States Code 1910.1030 et seq.).
- b. **Evidence of current certification in American Red Cross Basic First Aid or its equivalent and Advanced CPR.** (Applicant must show a dated certificate of completion of a course in First Aid/CPR that demonstrates the required course was completed within the last two (2) years).
- c. **Proof of satisfactory completion of a course, with a grade of C or better, in Anatomy and Physiology I & II from an accredited college (or Department-approved course if seeking Tattoo Practitioner License ONLY).**
- d. **Documentation of Hepatitis B Virus (HBV) Vaccination Status**
- e. **Evidence of two (2) years actual experience in the practice of performing Body Art activities or evidence of a completed apprenticeship program as approved by the Commonwealth of Massachusetts or the City of Lowell Health Department.**

APPLICANT/BODY ART PRACTITIONER LICENSEE STATEMENT OF CONSENT

I understand that this practitioner license expires on December 31st of this year. I understand that any notice required to be given by the Nantucket Health Department to me may be given by mailing the notice to the address of the last place of business (facility address) of which I have notified the Nantucket Health Department. I also understand that I am responsible for contacting the Nantucket Health Department with any change of address. I acknowledge that I am responsible for the renewal of this license by December 31st of each year regardless of notice from the Lowell Health Department. I agree to abide by the Town of Nantucket Regulations promulgated under M.G.L. c111 s.31 governing Body Art. I agree to work only out of a facility that is in compliance with Nantucket Health Department requirements and has a valid Body Art Establishment License. I agree to have my Body Art Practitioners License conspicuously posted within the establishment where I work. I have read and understood the Town of Nantucket Local Regulation 74.00 – Model Rules and regulations for Body Art Establishments and Practitioners.

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.

_____ Date

_____ Signature

_____ Name and Title (print)

OFFICE USE ONLY

- Approved, Effective Date: _____ Fee paid: _____
Check # _____
License Approved: Piercing _____ Tattooing _____ Both _____
- Disapproved, Comment: _____