

Date Received _____ Amount Paid \$ _____ Check # _____ Permit # _____

FOR BOH OFFICE USE ONLY TCC: Initial _____ Date _____



TOWN OF SOUTHWICK BOARD OF HEALTH

454 College Highway, Southwick, MA 01077

Phone: (413) 569-1212 Fax: (413) 569-5284

APPLICATION FOR A BODY ART PRACTITIONER 2024

See reverse side for a list of required documentation.

Name of Practitioner _____ Date of Birth _____

Residential Address _____ Phone _____

Mailing Address (if different) _____

Email _____ Fax _____

Current or Intended Place(s) of employment as a Body Art Practitioner *within* the Town of Southwick:

Establishment Name	Address	Phone

Current Place(s) of employment as a Body Art Practitioner *outside* the Town of Southwick:

Establishment Name	Address	Phone

Body Arts to be practiced:

☐ Tattoo ☐ Piercing ☐ Cosmetic Tattoo (e.g., permanent cosmetics, micropigmentation, dermal pigmentation)

Body Art Practitioner Training:

Training / Courses	Training Provider	Location	Training Dates
Blood Borne Pathogen			
First Aid and CPR			
Anatomy and Physiology			
Skin Diseases and Conditions			

Body Art Practitioner Experience (All applicants must have a minimum of 2 years' experience in the activities to be practiced):

Establishment Name	Address	Phone	Employment Dates

APPLICATION FEE: \$ 100

PLEASE SUBMIT THE COMPLETED APPLICATION WITH REQUIRED DOCUMENTATION AND PAYMENT BY DECEMBER 1st. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

ANY PRACTITIONER THAT HAS NOT SUBMITTED A COMPLETED RENEWAL APPLICATION WITH REQUIRED DOCUMENTATION AND PAYMENT BY DECEMBER 31st, WILL BE CONSIDERED OPERATING WITHOUT A PERMIT AND ORDERED TO CEASE UNTIL ALL THE PROPER PAPERWORK IS SUBMITTED.

I hereby certify that the information provided is true. I agree to comply with the regulations set forth in the Town of Southwick Rules & Regulations for Body Art Establishments and Practitioners. I agree to pay all appropriate fees at the time of application submittal.

SIGNATURE OF PRACTITIONER

CHECK OR MONEY ORDER

MAKE PAYABLE TO: Town of Southwick

DATE

NO REFUND

Required Documents

The following documents must be submitted with the Body Art Practitioner Application and fee. Applications submitted without these documents will not be considered.

- ☐ Copy of Photo Identification.
- ☐ Copies of all certifications and transcripts pertaining to required trainings.
- ☐ Copies of any current and/or previous Body Art Practitioner License held in other municipalities or states.
- ☐ Proof of a minimum of two years experience in performing body art activities. Will except as proof a combination of evidence, such as; a signed letter from a former employer, tax statements, paystubs and/or previous licenses. A letter of recommendation alone will not be accepted as proof of experience.

Required Documents for Cosmetic Tattooing (e.g., permanent cosmetics, micropigmentation, dermal pigmentation)

Applicants for permanent cosmetics (microblading, cosmetic tattooing, etc.) who do not have certifications in ***Anatomy and Physiology*** and ***Skin Diseases and Conditions*** and/or do not meet the experience requirement, must provide one or more of the following for proof of training/experience:

- ☐ Certificate of completion/passing of a training course of at least 100 hours of instruction and certified/accredited by either the American Academy of Micropigmentation (AAM) or the Society of Permanent Cosmetic Professionals (SPCP). The applicant must also provide documentation of the training course including the training institution contact information, documentation of AAM or SPCP certification/accreditation, and a copy of the course curriculum (schedule or table of contents only, not complete materials)
- ☐ A signed letter from a Massachusetts-licensed body art practitioner stating that the applicant has completed at least 200 hours of apprenticeship, including 30 hours observing procedures being performed and performing at least 50 complete supervised procedures on clients.