

Permit #: _____

Fee: \$50.00

**Application
Body Art Practitioner**

Place of employment: _____

Employment Address: _____ Hrs. Operation: _____

Practitioner Name: _____ DOB _____

Practitioner Address: _____

Town: _____ State/Zip: _____ Phone#: _____

Mailing address: _____
Street Town St/Zip

Enclose the following:

_____ Valid photo id with date of birth.

_____ Birth certificate.

_____ Social Security Card/FID

_____ Certificate of training

_____ CPR and first aid current certifications.

_____ Anatomy and physiology documentation with a grade of C or better from a college accredited by the New England Association of Schools and Colleges, or comparable accrediting entity.

_____ Evidence satisfactory to the Board of Health of at least two (2) years experience.

Print full name

Date

***** By signing this application you agree that you have been furnished Chapter 21 Norton Board of Health Rules and Regulations and have read them and understand them.

Signature of applicant