



Town of Ludlow Board of Health
 Application for a Body Art Practitioner Permit
 488 Chapin Street
 Ludlow, MA 01056
 (413) 583-5600 ext. 1271

Name of Practitioner: _____ Date of Birth: _____

Residential Address: _____ Phone #: _____

Email: _____

Current or Intended Place of employment *within* the Town of Ludlow: _____

Current and/or Prior Place of employment as a Body Art Practitioner: _____

Body Art Practitioner Training:	Location	Dates of Training	Expiration
Blood Bourne Pathogen Training	_____	_____	_____
First Aid/CPR Training	_____	_____	_____
Anatomy and Physiology Course And/or	_____	_____	_____
Skin Diseases and Conditions Course	_____	_____	_____

Please provide copies of all certifications and trainings

Applications must be filled out completely and submitted with the appropriate forms and fees. Incomplete applications will be returned. **A valid photo I.D. must be presented to the Board of Health for new practitioners. All new practitioners must show 2 years of apprenticeship.**
 Body Art Practitioner permits expire at the end of each calendar year. Anyone who has not submitted a renewal application by December 31st will be considered operating without a permit and will be ordered to cease work until the appropriate paperwork and fees have been submitted. All submissions received after December 31st will be subject to a 50% late fee.

I hereby certify that the information provided is true. I have received, read, and understand the Board of Health's Body Art Regulations and I agree to comply with the regulations set forth in the Town of Ludlow Regulations for Body Art Establishments and Practitioners. I agree to pay all appropriate fees at the time of application submittal.

 Print Applicant Name

 Signature of Applicant

Body Art Practitioner Fee: \$100 (cash or check) Payable to: Town of Ludlow NO REFUNDS

FOR OFFICE USE ONLY

DEPARTMENT HEAD

DATE

APPROVED

DENIED

NOTES: