



# TOWN OF BROOKLINE

## DEPARTMENT OF PUBLIC HEALTH

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11 Pierce Street, Brookline, Massachusetts, 02445  
Telephone: (617) 730-2300 Facsimile: (617) 730-2296  
[www.brooklinema.gov/health](http://www.brooklinema.gov/health)  
PMaloney@BrooklineMA.GOV

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Date: \_\_\_\_\_

### **Individual Body Art Practitioner Permit Application**

**Type of Application**     New                       Renewal                       Other: \_\_\_\_\_

#### **Practitioner Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Workplace/Establishment Information**

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Practice: Piercing \_\_\_\_\_ Tattoo \_\_\_\_\_

#### **Education and Training (course completion and certification)**

- |  |                            |
|--|----------------------------|
| <input type="radio"/> First Aid/CPR  | Date of Certificate: _____ |
| <input type="radio"/> Prevention of Disease Transmission and Bloodborne Pathogens  | Date of Completion: _____  |
| <input type="radio"/> Anatomy & Physiology Course (required for piercing body art) | Date of Completion: _____  |

The practitioner shall submit evidence satisfactory to the Health Department of at least 12 credit hours of continuing education every two years. Training courses provided by professional body art organizations or associations.

#### **Continuing Education:**

Provider: \_\_\_\_\_ Class: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: Start/End \_\_\_\_\_

**Continuing Education:**

Provider: \_\_\_\_\_ Class: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: Start/End \_\_\_\_\_

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Provider: \_\_\_\_\_ Class: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: Start/End \_\_\_\_\_

**Liability Insurance:**

Practitioners and Establishments must demonstrate Liability Insurance coverage from an approved provider with the following coverage:

- General Liability Coverage for \$500,000
- Tattooist Liability Coverage for \$100,000
- Piercers Liability Coverage for \$100,000

**Please submit the following with this application:**

- Fee in the amount of \$120.00 payable to the Town of Brookline
- Copy of required certifications
- Copy of proof of Liability Insurance Coverage
- Identification card: 1. Massachusetts Driver License or 2. State Identification Card  
Or 3. Passport

**I have received, read and understood the requirements of the Health Department's body art regulations.**

**I the undersigned under the penalties of perjury that the applicant has filed all state and tax returns and paid all state and local taxes as required by law (MGL Chapter 62c s 49A).**

\_\_\_\_\_  
**Signature of the applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Full Name**