Millis Board of Health

Body Art Practitioner Application

$100.00 Fee

To be completed annually by each Body Art Practitioner working in Millis, MA

Name: _____

Resident Address: _____

Telephone #:_____ Email Address: _____Date of Birth_____

Hepatitis B Vaccination Date: _____ or Declination Form: _____

Millis Body Art Establishment

Business Name: _____

Business Address: _____

Business Phone #_____Email Address_____

Past places of employment as a Tattoo Artist or Practitioner:

Business Name: _____ Address: _____

Phone #_____ Fax #: _____ Dates of Employment: _____

Business Name: _____ Address: _____

Phone #_____ Fax #: _____ Dates of Employment: _____

Please attach copies of the following:

Liability Insurance Certificate: _____

Course Certificate Training Date: _____

Blood Borne Pathogen Training Date: _____ Expiration: _____

CPR Training Date: _____ Expiration: _____

Identification Photo for Establishment: _____ Client Reference: _____

I, the undersigned applicant, agree to abide by the conditions set forth in the Millis Board of Health "Rules and Regulations for Body Art Establishment".

Practitioner Signature: _____