



**PRIOR LICENSURE**

**Has the owner or operator of the proposed establishment ever held a body art technician license or permit?**  Yes  No

*If yes, please list the information below. Attach additional pages if necessary.*

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State/Municipality	Lic./Cert./Reg. #	Status (Active/Expired/Suspended)
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State/Municipality	Lic./Cert./Reg. #	Status (Active/Expired/Suspended)
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**Has the owner or operator of the proposed establishment ever held a body art establishment license or permit?**  Yes  No

*If yes, please list the information below. Attach additional pages if necessary.*

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State/Municipality	Lic./Cert./Reg. #	Status (Active/Expired/Suspended)
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State/Municipality	Lic./Cert./Reg. #	Status (Active/Expired/Suspended)
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**Has the owner or operator ever been the subject of any active or inactive disciplinary action or voluntary resignation of a license, certificate, registration or permit imposed by a licensing or regulatory authority in this or any other state?**  Yes  No

(Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanctions limiting, in any way, a license certificate, registration or permit.)

*If yes, please attach details and explanation.*

**EMPLOYEE INFORMATION**

*Please list all non-Guest Body Art Technicians that perform Body Art at your Establishment*

Employee Name	Dates of Employment (Month/Year – Month/Year)	Type of Body Art Performed

**Requirements for Body Art Establishment Permit**

Submit the following to complete your application:

- A copy of owner’s valid identification card with picture (state-issued license, passport, or military-issued ID)
- Detailed plans of proposed body art establishment (new applicants only)
- A copy of Exposure Control Plan
- Proof of liability insurance
- Client application and consent forms
- Aftercare information and instructions

**Applicant Statement of Consent**

**I understand that this permit is valid only in the Town of Provincetown and expires at the end of the calendar year in which it was issued. I also understand that any notice to be mailed to me by the Town of Provincetown Board of Health will be mailed to the address indicated on this application and a copy of such notice will also be mailed to the address of the Body Art Establishment that I have indicated above.**

**I have received a copy of the Provincetown Board of Health Body Art Regulations. I have read and understand the obligations and requirements imposed upon a licensed Body Art Establishment Owner/Operator by those regulations. I also agree to comply with all of the regulation requirements specified in the Provincetown Board of Health Body Art Regulations while practicing in the Town of Provincetown.**

**I further understand that it is my responsibility to ensure that individual Body Art Technicians working in this establishment have a current valid Provincetown Board of Health Body Art Technician License and comply with all applicable health, safety, sanitation, sterilization, and work practices regulations as specified in the Provincetown Board of Health Body Art Regulations.**

**I hereby certify, under penalties and pains of perjury, that to the best of my knowledge the information provided on this application is complete and accurate and in no way misrepresented.**

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**Full Name of Applicant**

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**Signature**

**Date**