



# TOWN OF LUDLOW

## HEALTH DEPARTMENT

488 Chapin Street  
Ludlow, MA 01056  
(413) 583-5600 ext. 1271 TEL  
(413) 583-5689 FAX



**Public Health**  
Prevent. Promote. Protect.

### Application for a Body Art Practitioner Permit

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 31<sup>st</sup> 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 31<sup>st</sup> will be subject to a 50% late fee.**

I hereby certify that the information provided is true. I have received, read, and understand the Health Department'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