



308 Main Street
Sturbridge, MA 01566
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Sturbridge Board of Health

Application for Body Art Establishment/Event Practitioner's see below

Name of Place of business: _____
Address of business: _____
Phone at business: _____ Fax: _____

Name of Owner of Business: _____
Mailing Address, if different than above: _____
Phone if different than above: _____ 24 hr emerg. #: _____
Event Location, dates & times: _____

- Attach drawing of floor plan including location of all hand-wash sinks and bathrooms.
- Attach Autoclave specifications, including Manufacturer name, model number, model year, serial number, and manufacturer's sanitation instructions/requirements.

Federal Tax ID # or Soc. Security number: _____
Signature of Applicant: _____ Date: _____

Application for Body Art Practitioner Type: Tattooing Body Art

Name of Approved Establishment/Event Location: _____

Name of Body Art Practitioner Applicant: _____
Home Address: _____
Mailing Address, if different than above: _____
Phone number: _____ Cell number: _____
List places of employment: _____
Date of Birth: _____

Pursuant to Board of Health Body Art Regulation 11. A), B), & C).

- Attach copies of Preventing Disease transmission & Blood borne pathogen training Certification
- Documentation of course on anatomy or equivalent (piercing only)
- Documentation of course on skin disease or equivalent or sufficient experience
- Attach Photo ID
- Attach First Aid and CPR training certificate (not required for event)

Federal Tax ID # or Soc. Security number: _____
Signature of Applicant: _____ Date: _____