

BOARD OF HEALTH – TOWN OF WARE

TOWN HALL, 126 MAIN STREET
WARE, MA 01082
Ph# (413)967-9615
Fx#(413)967-9646

APPLICATION FOR PERMANENT COLOR TECHNICIAN / TATTOO ARTIST / BODY ART APPLICATOR LICENSE

COMPLETE ALL PARTS OF THIS FORM. Attach all documents listed on page 2. PLEASE TYPE OR PRINT IN INK. If you have any questions, please call the Board of Health Office at (413) 967-6915. Incomplete application will not be processed . Use "N/A" to indicate information that is not applicable. License Fee and accompanying required documentation will be returned if a determination is made that the applicant is not qualified for licensure by the Ware Board of Health.

DISCIPLINARY ACTION QUESTION

Yes No Has any state, city or county licensing authority refused to issue or renew, or denied you a license to practice as a permanent color technician or tattoo artist?

If you answered yes ,you must enclose a complete explanation of the circumstances and provide any additional documentation that will clarify the matter. *(Please provide this on a separate sheet of paper)*

I have examined this application and attached documents, and certify that they are true, correct and complete. I understand that knowingly making a false statement in this application will be cause for denial, suspension, or revocation of this license. I have enclosed the required fees and documentation. I will comply with regulations adopted by the Town of Ware Board of Health.

Indicate type of art to be performed: [] Tattoo [] Scarification [] Piercing [] Branding

Name			
First	Middle	Last	
Date of Birth			
		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Residential Address			
		No./ Street	
Town/ City		State	Zip Code
Home phone		Business Telephone	
Tattoo or Body Art Facility Name			
Tattoo or Body Art Facility Address			
Facility License # (Issued by Ware Board of Health)			
			attach passport quantity photo above

Signature of Applicant

Date

PERMANENT COLOR / TATTOO ARTIST / BODY ART APPLICATOR
APPLICATION CHECKLIST

- APPLICATION: COMPLETED, SIGNED AND DATED.
- FEES: LICENSE FEE OF \$ _____ Payable to the Town of Ware
- PROOF OF AGE: COPY OF BIRTH CERTIFICATE, DRIVERS LICENSE, OR PASSPORT.
- PASSPORT QUALITY PHOTO
- EDUCATION PREREQUISITE: COPY OF HIGH SCHOOL DIPLOMA, GED CERTIFICATE, OR DEGREE FROM ACCREDITED INSTITUTION OF HIGHER EDUCATION.
- TRAINING/EDUCATION REQUIREMENT: OFFICIAL TRANSCRIPT FROM A LICENSED SCHOOL OF PERMANENT COLOR OR TATTOOING OR FROM AN ACCREDITED INSTITUTION OF HIGHER EDUCATION SHOWING COMPLETION OF COURSES REQUIRED BY THE TOWN OF WARE BOARD OF HEALTH BODY ART REGULATIONS
- OTHER JURISDICTIONS or OUT OF STATE LICENSURE