



William Martin
Mayor

City known as the Town of
GREENFIELD, MASSACHUSETTS

GREENFIELD HEALTH DEPARTMENT

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Public Health
Prevent. Promote. Protect.

Alexeev Jones
Director

Guest Body Art Practitioner Application

Name: _____

DOB: _____

Address: _____

Phone #: _____

Permanent place of employment as a licensed Practitioner: _____

Establishment guest appearing at: _____

Dates of guest appearance (no more than 14 consecutive days): _____

Procedures performing: _____

Please attach all required documentation to this application:

- Bloodborne pathogen training certificate
- First Aid certificate
- CPR certificate
- Evidence of at least 2 years actual experience in the practice of performing body art activities
- Copy of license from permanent place of employment
- Copy of license, ID, or a 2" x 2" photo of practitioner

*Practitioners shall: maintain personal cleanliness, wear clean clothes, be free of skin rash or infection, wash hands prior to applying gloves, and provide aftercare instructions to clients.

Signature: _____

Date: _____

