



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: \_\_\_\_\_

