

Town of Barnstable
Regulatory Services Department
Public Health Division

200 Main Street, Hyannis MA 02601

OFFICE: 508-862-4644
FAX: 508-790-6304

Thomas A. McKean, CHO

DATE: _____ **Establishment Permit: \$100**
Body Artist Permit: \$50

RENEWAL **Application for License for Body Art Establishment**

Full Name of Establishment _____

Location of Business _____

Permanent Mailing Address _____

Business Telephone Number _____

Owner's Name and Contact Number _____

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1. Name of all artist permits at the establishment: _____

CURRENT CERTIFICATIONS / PAPERWORK:

_____ Payment of \$100 Due Annually by February 28th.

_____ Must call Town Nurse, Public Health Division, for annual inspection 508-862-4644

Applicant / Body Artist Statement of Consent:

I have received a copy of the Barnstable Board of Health's regulations and recommended infection control procedures regarding body piercing, if licensed for this. I agree to abide by these regulations and procedures. I agree to work only out of the facilities that are in compliance with Barnstable Board of Health requirements. I agree to post the required documents conspicuously in my place of business at all times. I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way.

Signature: _____ Date: _____

EMAIL: _____