

To: BODY ART PRACTITIONER AND/OR BODY ART ESTABLISHMENT Applicant

Please find enclosed a BODY ART PRACTITIONER AND OR BODY ART ESTABLISHMENT Application package. The Board of Health office can be contacted at (781) 821 5021.

Please be aware, you may not practice BODY ART within the Town of Canton until such time as a license permit is issued by the Canton Board of Health and the license is in your possession.

We look forward to working with you to ensure all Board of Health regulations are met and assisting in a smooth licensing process.

FORWARD YOUR COMPLETED DOCUMENTS/PACKAGE TO:  
JANE PRATT, R.N., PUBLIC HEALTH NURSE  
CANTON BOARD OF HEALTH  
PEQUITSIDE FARM  
79 PLEASANT STREET  
CANTON, MA 02021

Phone# (781) 821-5021, FAX# (781) 821-0337

WEB SITE / ON LINE ACCESS:

To be established.

MEETING SCHEDULE - CANTON BOARD OF HEALTH

The majority of the Canton Board of Health meetings are held on the 1<sup>st</sup> Monday of each calendar month except during the following events: Holidays, Local and/or State Elections, when Annual Town Meeting falls on the 1<sup>st</sup> Monday of the calendar month. In these instances, the Board of Health meeting would then be scheduled for the 2<sup>nd</sup> Monday of the calendar month.

Meeting Location: Town Hall, 801 Washington Street, Canton, MA 02021 - Salah Meeting room.

Meeting Time: 7:00 pm.

Please dial: (781) 821 5021 to confirm the specific date your completed BODY ART Practitioner license application package will be considered for approval by the Canton Board of Health.



THE COMMONWEALTH OF MASSACHUSETTS

Canton Board of Health
79 Pleasant Street, Canton, MA 02021

APPLICATION FOR LICENSE TO PERFORM AS A
PERMANENT AND TEMPORARY
BODY ART PRACTITIONER AND/OR BODY ART ESTABLISHMENT

Note: All questions must have responses for this application to be considered. If a question is not applicable, write "N/A" and include explanation why.

PERSONAL INFORMATION

Date: Social Security No.
Name: Date of Birth:
Present Address:
Permanent Address:
Telephone Number:
Height: Weight: Color of Eyes: Color of Hair:
Married Single Widowed Divorced Separated
Citizen of the U.S.A.? YES NO
If no, Legal Resident of the U.S.A.? YES NO
If no, country of citizenship:

Attach Two - 3" x 4" Photos (current)

Trade Name: (if other than name given for purpose of employment)

EDUCATION

Name & Location of High School attended:
Years Attended: Date Graduated:
Name & Location of College attended:
Years Attended: Date Graduated:
Trade, Business, or Correspondence School:
Years Attended: Date Graduated:
BODY ART PRACTITIONER Schools attended:
Type of BODY ART to be Practiced:

FORMER EMPLOYERS (List below last 4 employers -Last one first)

Table with 4 columns: Month & Year, Name & Address, Position, Reason for Leaving

**Canton Board of Health**  
**79 Pleasant Street, Canton, MA 02021**

**APPLICATION FOR LICENSE TO PERFORM AS A**  
**PERMANENT AND TEMPORARY**  
**BODY ART PRACTITIONER AND/OR BODY ART ESTABLISHMENT**

**PREVIOUS ADDRESSES** - List below the addresses for the past two years.

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**PROVIDE PHYSICAL EXAMINATION RESULTS (Must be less than 3 months ago)** - Physical must include results of a mantoux test and a general health statement to be signed by a licensed physician.

Physician's Signature \_\_\_\_\_  
Date \_\_\_\_\_

**SPECIALTY:** - Will this be a form of BODY ART specialty?      YES \_\_\_\_\_      NO: \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_

**REFERENCES** - Give three professional references (Teachers, if none)

<u>Name</u> _____	<u>Address</u> _____	<u>Telephone No.</u> _____	<u>Years Known</u> _____
_____	_____	_____	_____
_____	_____	_____	_____

A letter from each above listed reference must accompany this application.

I hereby authorize investigation of all statements contained in this application.

I understand that misrepresentation or omission of facts called for is cause for revocation of my License to Perform as a BODY ART PRACTITIONER AND OR BODY ART ESTABLISHMENT.

I have also read and understand the following Board of Health Regulations pertaining to a License to Perform as a BODY ART ESTABLISHMENT AND PRACTITIONER.

I hereby authorize that a Criminal Offender Record Information (CORI) check by authorized representatives of the Town of Canton. (A signed CORI application will need to accompany this application.) (Attach a copy of your driver's license or other government issued ID.)

\_\_\_\_\_  
Signature of Applicant

**Canton Board of Health  
79 Pleasant Street, Canton, MA 02021**

**APPLICATION FOR LICENSE TO PERFORM AS A  
PERMANENT AND TEMPORARY  
BODY ART PRACTITIONER AND/OR BODY ART ESTABLISHMENT**

**LICENSE REQUIRED AND FEE**

No person shall practice as a BODY ART PRACTITIONER or related activities or conduct an ESTABLISHMENT for performing BODY ART or related activities for hire or reward, or advertise or hold himself out as being engaged in the business of performing BODY ART or related activities in the Town of Canton without receiving a license from the Canton Board of Health. The annual license fee for each BODY ART ESTABLISHMENT shall be five hundred dollars (\$500.00). The annual license fee for each BODY ART PRACTITIONER shall be fifty dollars (\$50.00). All licenses are not transferable.

**EXPIRATION DATE OF LICENSE**

**Licenses shall automatically expire on December 31 of each year. Applications for renewal must be submitted at least thirty (30) days prior to expiration date.**

**REQUIREMENTS**

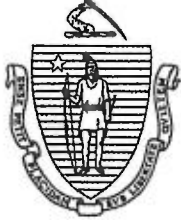
1. No person shall be licensed to perform as a BODY ART PRACTITIONER or conduct a BODY ART ESTABLISHMENT for performing BODY ART or related activities unless they meet the following requirements:
  - A. Be eighteen (18) years of age or older with proof of birth certificate (NEED COPY OF BIRTH CERTIFICATE).
  - B. Submit to the Board of Health a completed application form containing all information requested on said form.
  - C. Submit to the Board the results of physical examination and mantoux test completed within one year (1) prior to application for licensing or relicensing.
  - D. Must be a graduate of an accredited program.  
Submit (3) Professional references (Teachers, if none; Transcript/Curriculum)
  - E. Are required to have liability insurance of \$2,000,000 each incident and \$6,000,000 aggregate for each individual.
  
2. Licensed BODY ART PRACTITIONERS shall not practice in another establishment or place of business not listed with this license.

\_\_\_\_\_

DateSignature of Applicant

**NAME OF BODY ART ESTABLISHMENT:** \_\_\_\_\_

**ESTABLISHMENT ADDRESS:** \_\_\_\_\_



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- 1.  I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
- 4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

- 5.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.*

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

*I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

*Official use only. Do not write in this area, to be completed by city or town official.*

City or Town: CANTON Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
- 6. Other \_\_\_\_\_

Contact Person: Diane J. White Phone #: 781-821-5021

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street  
Boston, MA 02114-2017  
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)