



**253 ATLANTIC AVE**  
HULL, MA 02045

Complete and return this form with \$400 registration fee (payable to Town of Hull) to:

**Upon satisfactory review of the application and receipt of the license fee, a practitioner license will be issued by the Hull Health Department.**

(i) *Anatomy*

- (ii) Skin diseases, disorders and conditions (including diabetes) infectious disease control, including waste disposal, handwashing, techniques, sterilization equipment operation and methods, and sanitization/disinfection/sterilization methods and techniques.
- (b) Examples of courses approved by the Board include courses such as "Preventing Disease Transmission" (American Red Cross) and "Bloodborne Pathogen Training" (U.S. OSHA). Training/ courses provided by professional body art organizations or associations or by equipment manufacturers may also be submitted to the Board for approval.

**Applicant/Body Art Practitioner Licensee Statement of Consent:**

**I understand that this practitioner license expires 2 years from date of issuance. I understand that any notice required to be given by the Hull Health department to me may be given by mailing the notice to the address of the last place of business (facility address) of which I have notified the Hull Health department. I have received a copy of the Town of Hull, Board of Health Rules and Regulations Chapter 215-18 and the MGL 105 CMR 124 Model Regulations for Body Art Establishments. I agree to abide by these regulations and procedures. I agree to work out of a facility that is in compliance with Hull Health Department requirements and has a valid Body Art Establishment License. I agree to have my Body Art Practitioners license conspicuously posted within the establishment where I work.**

**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.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name and Title (Print)**

Office use only:

On-Site Assessment:

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

Signature

Approved, Effective Date: \_\_\_\_\_ License # \_\_\_\_\_

Fee paid: \_\_\_\_\_

Disapproved, Comment \_\_\_\_\_