



**TOWN OF WEST SPRINGFIELD
HEALTH DEPARTMENT**

Fee: \$100.00

26 Central Street, Suite 18
West Springfield, MA 01089-2754
Phone: (413) 263-3206 FAX: (413) 737-1583
www.townofwestspringfield.org

TATTOO/BODY ART PRACTITIONER PERMIT APPLICATION

Name: _____
(Please Print: Last Name First Name Middle Initial [Nick Name])

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ Email Address: _____

State ID Number: _____ Date of Birth: _____
Driver's license or ID card

Tattooing (only) Piercing (only) Both

Body Training/Experience/Certification: _____

Place(s) of employment, address, phone no. and contact person:

Other Training and/or Experience/Certification:

CPR _____ FIRST AID _____ Anat. & Phys. _____

I understand that this practitioner license expires on December 31 this year. I agree to work ONLY out of a facility that has a valid Tattoo Body Art Establishment Permit issued by the West Springfield Health Department. I agree to have my Tattoo Body Art Practitioner permit posted conspicuously within the facility where I work.

Date: _____ Signature: _____

For Health Department Use Only:

Permit Approved by: _____ Permit Number: _____

Disapproved _____ Reason: _____