

Application for Body Art Certificate of Registration,
(Permit) in the Town of Franklin



Complete and return this form with registration fee (made payable to: Town of Franklin.)

Franklin Board of Health
Town Hall
355 East Central Street
Franklin, MA 02038

Upon satisfactory review of the application and receipt of the registration fee, a numbered registration certificate, (Permit) will be issued by the Franklin Board of Health.

New Application _____ Renewal _____

1. Name: _____
(Last Name) (First Name) (Middle)
2. Date of Birth: _____
(Month) (Day) (Year)
3. Identification Card/SS#: _____
State Drivers License or State Identification Card SS#
4. Facility Name: _____
5. Facility Address: _____
6. Facility Telephone: _____

APPLICANT/BODY ARTIST STATEMENT OF CONSENT:

I understand that this registration expires on December 31 of this year. I understand that any notice required to be given by the Franklin Board of Health 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 Franklin Board of Health. I have received a copy of the Franklin Board of Health's regulations and recommended infection control procedures regarding body piercing. I agree to abide by these regulations and procedures. I agree to work only out of facilities that are in compliance with Franklin Board of Health requirements. I agree to post the following valid and updated documents conspicuously in my place of business at all times:

Certificate of Registration for all body art working in the facility, A signed copy of an agreement to comply with Franklin Board of Health Rules and Regulations for Body Art, which contains the Recommended Procedures and Infection Control Practices for Body Art.

A signed copy of compliance with Franklin Board of Health Recommended Procedures and Infection Control Practices for Body Art.

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: [] Approved Effective

Date: _____ Registration

Fee Paid: _____

[] Disapproved, Comment: _____

CLIENT'S CONSENT FORM
Body Art _____ Facility

Facility Name/ Address: _____ .

A client consent form for receiving body art *MUST* contain at least the following information and must be kept on file by the Body Art for a minimum of three years.

Clients Name: _____

Record of Clients Form of Identification (NOTE: for your own protection, make a photocopy of both sides of the identification card). Photo ID only. IF YOU HAVE ANY DOUBTS ABOUT THE AUTHENTICITY OF THE IDENTIFICATION, DO NOT CONDUCT A BODY ART PROCEDURE ON THE CLIENT!

Signed statements from the client which include the following:

I certify that I am at least 18 years of age and have provided legitimate identification to validate this.

I am not currently under the influence of alcohol or drugs that might impair my judgment.

I have:

☐ reviewed ordinance section on sanitary procedures for body art,

☐ been informed of the risks of receiving body art, including the possibility of allergic reaction to jewelry and materials,

☐ been given a care/instruction sheet on how to take care of my body art,

☐ been informed of procedures for reporting any complications with the body art to the body artist and to medical personnel.

Client's Signature: _____