



**Town of Dedham**  
 Board of Health  
 450 Washington Street  
 Dedham, MA 02026  
 (781) 751- 9220  
 F: (781) 751-9229  
 www.dedham-ma.gov



### Body Art Practitioner Permit Application

Fee:  Practitioner \$250.00

**Establishment:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
           Dedham, MA 02026  
 Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Operator's name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Emergency #: \_\_\_\_\_

**Practitioner:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Emergency #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

Places of employment as practitioner:

Establishment Name	City, State	Phone# or e-mail	Dates employed

*The following must be submitted with the application:*

Checklist completed and submitted with application

*By signing you are confirming that you have read and understand the Town of Dedham Rules and Regulations for Body Art Establishments and Practitioners. You also agree to abide by these regulations set forth by the Town of Dedham Board of Health. **If your establishment is in non-compliance of these regulations you may have your permit suspended indefinitely.***

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 FID# or SS#