



# Town of Barnstable

## Public Health Division

Thomas McKean, Director  
200 Main Street, Hyannis, MA 02601



Office: 508-862-4644

Fax: 508-790-6304

### Supplement – Application for Body Art Establishment and/or Body Art Practitioner

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

Name of Applicant: \_\_\_\_\_

#### For ESTABLISHMENT License Only:

1. List all body artists at your establishment:

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2. List the Autoclave Manufacturer, Model Year, and Model Number

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#### For PRACTITIONER License Only:

1. List business names, addresses, and phone numbers of all occupations you have been engaged in during the past two years:

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2. If engaged in the practice of body art during the past year, please state the business name and address and period of time worked:

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3. References: Give the names, occupations, addresses, and phone numbers, of three professional, business people with residence current or previous in the Town of Barnstable, of whom inquiry can be made for further information regarding your character and fitness to be licensed to carry on the business for which you have made application:

Name	Occupation	Address	Phone#