Town of Mashpee

BOARD OF HEALTH
16 GREAT NECK ROAD NORTH
MASHPEE, MASSACHUSETTS 02649
(508) 539-1426 * Fax (508) 477-0496
boh@mashpeema.gov

Permit #: _____

Fee: $50.00

APPLICATION FOR LICENSE TO PRACTICE BODY ART

NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

PREVIOUS ADDRESS: _____

DATE OF BIRTH _____ *PLACE OF BIRTH* _____

TELEPHONE # _____ *SOCIAL SECURITY #* _____

EMAIL ADDRESS: _____

TRAINING AND OR EXPERIENCE _____

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