



Town of Barnstable

Public Health Division

Thomas McKean, Director

200 Main Street, Hyannis, MA 02601



Office: 508-862-4644

Fax: 508-790-6304

Applicant / Body Artist Statement of Consent

I have received a copy of the Barnstable Board of Health's regulations and their recommended infection control procedures regarding body piercing, if licensed for this. I agree to abide by these regulations and procedures. I agree to work only out of the facilities that are in compliance with requirements. I agree to post the required documents conspicuously in my place of business at all times. 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. I have received a copy of the regulations and their recommended infection control procedures regarding body piercing, if licensed for this. I agree to abide by these regulations and procedures. I agree to work only out of the facilities that are in compliance with requirements. I agree to post the required documents conspicuously in my place of business at all times. 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.

Printed Name:

Signature:

Date:
