

APPLY IN PERSON WITH FEE TO:
Worcester County Health Department
13070 St. Martins Neck Rd.
Bishopville, MD 21813

APPLICATION FOR BODY PIERCING LICENSE

Application is hereby made to operate as a licensed body piercer in accordance with the Public Health Article of the Code of Public Laws of Worcester County Section PH 1-107 Skin Penetrating Body Adornment.

PLEASE PRINT OR TYPE

NAME OF APPLICANT _____

LOCAL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOMEPHONE _____ CELL PHONE _____ PAGER _____

DATE OF BIRTH ____/____/____ SEX _____ HT _____ WT _____ EYE COLOR _____

IF LOCAL ADDRESS IS NOT PERMANENT ADDRESS PLEASE COMPLETE THE FOLLOWING:

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TWO IMMEDIATELY PREVIOUS ADDRESSES _____

PLEASE PROVIDE INFORMATION REGARDING LOCATION OF BUSINESSES WHERE PIERCING SERVICES ARE TO BE PERFORMED

ESTABLISHMENT NAME _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ESTABLISHMENT NAME _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PLEASE PROVIDE INFORMATION REGARDING EDUCATION AND TRAINING REQUIREMENTS BELOW WITH DATES AND LOCATION

APPRENTICESHIP/PREVIOUS BODY PIERCING EXPERIENCE _____

BLOODBORNE PATHOGENS TRAINING _____

CARDIOPULMONARY RESUSCITATION (CPR) _____ EXP DATE _____

FIRST AID CERTIFICATION _____ EXP DATE _____

I do hereby certify that all the above information is correct and agree to authorize the Health Department and County Commissioners, their agents, and employees to seek information and conduct an investigation into the truth of the statements set forth in this application and the qualifications of this application.

I understand that my Body Piercing License is to be renewed on an annual basis and that a current license must be conspicuously displayed at all times while engaged in the practice of Body Piercing.

Signature _____ Date: _____

The following must be presented with the application:

- Driver's License or Legal Proof of Identification
- CPR Certification Card
- First Aid Certification Card
- Certification of Training - Blood borne Pathogens
- Apprenticeship Training Certification of Employment as Body Piercer
- Professional Liability Insurance
- License Fees (\$115.00)

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13070 St. Martins Neck Road
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410-352-3234

STATE OF MARYLAND, WORCESTER COUNTY, to wit:

I HEREBY CERTIFY that on this _____ day of _____, 2001, before me, a Notary Public in and for the State and County aforesaid, personally appeared _____ who acknowledged the foregoing application to be his/her act and deed.

AS WITNESS my hand and official seal.

NOTARY PUBLIC

My Commission Expires: _____

FOR HEALTH DEPARTMENT USE ONLY

Date application received: _____ Received by: _____ Sanitarian: _____

Approved - Permit # _____ Date Issued: _____ Expiration Date: _____

Fee Paid
(Cash - Ck# _____)

Proof of Age
(Birth certificate, Driver's License, Legal Proof of Age)

Application Complete
(All documentation provided)

Plan Review Floor Plan Business License Notarized Piercer License # _____

Comments: _____
