Application for Practitioner Permit Town of Hanover

(Application must be submitted at least 30 days before the planned opening date)

[] Tattoo	[] Microblading	[] Piercing	[]Other
For new practitioners, complete and return this form with the following: • Registration fee of \$ 75.00 (payable to the Town of Hanover) • Documentation of education, training and certification Upon satisfactory review of the application, verification of information and receipt of the registration fee, the permit to practice will be issued. All costs for application and verification of the documentation are the responsibility of the applicant.			
New Application		Renewal	
Applicant Name & Title			
Residence Address:			
Mailing Address:			
Applicant Emergency N	imber:	_/Cell phone:	
Email Address:			
Date of Birth:			
Related Permits or Licen	se#:		
Establishment Name:			
Establishment Address:			
Telephone Number:			
Education and Training			
 Anatomy & Physiological 	gy I & II:		Grade:
Skin diseases, disorders:			Grade:
Infectious disease control:			Grade:
Bloodborne Pathogens:			Grade:
• First Aid/CPR:			
(Renewable ever	y three years)		
Supervisors:			
Practitioner:			
Establishment:			
Email Address:			
Address:			
Town, State, Zip	code:		
Phone Number:			
Length of interns	hip/training:	4.4. 75	
Board of Health/l	Department of Public He	alth Permit #:	
State: Phone number:			
Applicants Signature		D	ate