

**Department of Inspectional Services
Worcester, Massachusetts**

Inspectional Services

**John R. Kelly,
Commissioner**

**Amanda M. Wilson, Director
Housing/Health Inspections**

**APPLICATION FOR A TEMPORARY PERMIT TO
PRACTICE BODY ART IN THE CITY OF WORCESTER**

Applicant's name: _____

Applicant's Date of Birth: ____/____/____

Applicant's phone numbers: Home: _____ Cell: _____

Name & Address of current Employer/Studio: _____

Type of Body Art performed: ____ tattooing ____ piercing ____ tattooing and piercing

Name of Event: _____

Dates of operation: From: _____ To: _____

Hours of operation: _____

Location of event: _____

CPR Certification date: _____ Expiration Date: _____

First Aid Certification: _____ Expiration Date: _____

Blood Borne Pathogens: _____ Expiration Date: _____

Skin Disease Course for Tattooist: _____

Anatomy Course for Piercers: _____

APPLICANT STATEMENT OF CONSENT

I understand that this license is valid only in the City of Worcester and expires at the end of the designated event. I further understand that I must have a valid license to practice in the City of Worcester and that the license is only valid for the conduct of those body art practices for which I have applied, as listed on the license. I also understand that any notice to be mailed to me by the Worcester Department of Inspectional Services will be mailed to my address indicated on this application and a copy of such notice will also be mailed to the operator of the Body Art Establishment I have indicated above.

I agree to comply with all of the regulation requirements specified in the City of Worcester Body Art Regulations while practicing in the City of Worcester.

I hereby certify, under penalties and pains of perjury, that to the best of my knowledge the information provided on this application is complete and accurate and in no way misrepresented.

Applicant's Signature

Date

Booth/Work Site will be inspected prior to approval of a temporary practitioners permit. Permit will be issued upon satisfactory inspection.

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FOR OFFICIAL USE ONLY:

Approved by: _____

Fee Paid: _____

Date Issued: _____

Date Paid: _____

Disapproved: _____