



# TOWN OF TEWKSBURY

HEALTH DEPARTMENT  
1009 MAIN STREET  
TEWKSBURY, MASSACHUSETTS 01876  
978-640-4470  
FAX 978-640-4472  
health@teWKsbury-ma.gov

DATE: \_\_\_\_\_

## Fees:

Establishment \$250.00  
Practitioner \$400.00 (2 year permit will expire on  
Dec. 31st of the second year)  
Apprentice 1<sup>st</sup> Six Months \$200.00 (max 2 years)

## APPLICATION FOR BODY ART LICENSES

### Type of Application:

- Practitioner - Tattooist       Practitioner - Piercer  
 Body Art Establishment       Intern/Apprentice  
 School of Body Art       Renewals (fill out page 1 & 3 only)

Name of Applicant:	Name of Establishment:
Mailing Address:	Address of Establishment:
City, State, Zip:	City, State, Zip:
Telephone #: Email Address:	Telephone #: Email Address:
Residential Address:	If Intern, name of supervising Body Art Practitioner:
City, State, Zip:	

**FIRST TIME APPLICANTS ONLY**

Have you previously been involved in the practice of body art?  YES  NO  
If YES, please list the business name(s), location(s) and telephone number(s).

Name: Address:  Telephone #:	Name: Address:  Telephone #:
---------------------------------------	---------------------------------------

Have you ever had a License to Practice Body Art, License to Operate a Body Art Establishment, or a License to Operate a School of Body Art suspended or revoked?  
 YES  NO

If yes, reason for suspension or revocation:

\_\_\_\_\_

\_\_\_\_\_

Please list all states and municipalities in which you have held licenses:

\_\_\_\_\_

\_\_\_\_\_

**Applicants seeking a Body Art Practitioner or Intern License must submit the following:**

1. This application
2. Proof that applicant is at least 18 years old
3. A physician's certification stating applicant is free of contagious disease and a negative skin test for TB (dated no earlier than 12 months prior)
4. Verifiable proof of completed immunization for Hepatitis B and Tetanus
5. Proof of Blood borne Pathogen Training
6. Current certificates in First Aid and CPR
7. Official Transcript or other ORIGINAL DOCUMENT showing compliance with Anatomy and Physiology course
8. Verifiable proof of at least 300 hours of experience and/or training (Body Art Practitioner Only)

**Applicants seeking a Body Art Establishment or School of Body Art Practitioners License must submit the following:**

1. This application
2. Proof that applicant is at least 18 years old
3. Floor plan showing layout of establishment/school
4. Proof that establishment is registered as a business in Tewksbury (Establishment Only)
5. Proof of compliance with Zoning Bylaws
6. Exposure Report Plan
7. Manufacturer, model number, model year, and any serial number of the autoclave used in the establishment
8. Proposed Curriculum (School Only)
9. Board of Higher Education Approval (School Only)

**FIRST TIME APPLICANTS SIGN HERE:**

I hereby attest that the information provided on this application and the attached sheets is complete and truthful. I understand that the discovery of false or inaccurate information could result in the suspension or revocation of any license issued to me by the Board of Health. I further acknowledge that I have received, read and understand the requirements of the Body Art Regulations. I understand that prior to receiving my permit, I must appear before the Board of Health at one of their regularly scheduled meetings.

x \_\_\_\_\_  
**SIGNATURE OF APPLICANT** **DATE**

**RENEWAL APPLICANTS SIGN HERE:**

I hereby attest that the information provided on this application is complete and truthful. I understand that the discovery of false or inaccurate information could result in the suspension or revocation of any license issued to me by the Board of Health.

x \_\_\_\_\_  
**SIGNATURE OF APPLICANT** **DATE**

---

**FOR HEALTH DEPARTMENT USE ONLY**

_____	_____	_____	_____
Date Received	Check Number	Amount Paid	Permit # Issued
_____	_____	_____	_____
Date of Legal Ad	Hearing Date	Decision	Zoning Approval
_____			
Inspection Date			

