



**City Of Worcester
Department of Inspectional Services**

**Christopher P. Spencer
Commissioner**

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

**Instructions for an Application to Renew a Permit
to Operate a Body Art Establishment
in the City of Worcester**

1. Complete the Application
2. Complete the Certificate of Compliance with Worcester's Revised Ordinance Regarding Revenue Collection.
3. Complete the Certificate of Compliance with Workers' Compensation Act and have it notarized, if necessary.
4. Provide a check, money order, or exact cash for \$225.00. Please make checks payable to: City of Worcester. If not received on time a late fee of \$100.00 will be charged.
5. Bring the application package with the appropriate application fee to:

Worcester Department of Inspectional Services
Food Protection Program Room 203
25 Meade Street
Worcester, MA 01610
(508) 799-1198 ext. 33030



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**APPLICATION FOR A PERMIT TO OPERATE
A BODY ART ESTABLISHMENT IN THE CITY OF WORCESTER**

NEW RENEWAL

Owner/Applicant's Name: _____

Owner/Applicant's Address: _____

Name of Establishment: _____

Address of Establishment: _____

Phone of Establishment _____

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

Number of Practitioners _____

Note: Each practitioner must submit, in full, an application to Practice Body Art in the City of Worcester.

Required Autoclave Information:

Manufacturer: _____

Model Number: _____

Serial Number: _____

I state, under the pains and penalties of perjury, that all information stated on this application is, to the best of my knowledge, correct, accurate, and current.

Applicant's signature

Date

Corporate Officer (if applicable)

Social Security or FID

To be filled out by Department of Inspectional Services:

Approved: _____

Fee paid: _____

Date Issued: _____

Date paid: _____

Disapproved: _____

**CERTIFICATE OF COMPLIANCE
PROVING COMPLIANCE WITH THE WORKERS' COMPENSATION
ACT**

Section 25C of Chapter 152 Massachusetts General Laws requires that every local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the Commonwealth until it has received acceptable evidence of compliance with the Workers' Compensation Insurance coverage required by law.

As a person or company seeking a license or permit to operate a business or to construct buildings, or the renewal of such a license or permit, you must supply one of the following by attaching it to the Certificate of Compliance.

IF YOU HAVE EMPLOYEES:

I submit a Certificate of Insurance showing workers' compensation insurance or a copy of a policy of workers' compensation in effect as of the date upon which the issuance or renewal of the license or permit is requested.

IF YOU DO NOT HAVE EMPLOYEES:

In certain circumstances, listed below, workers' compensation insurance is not required. If one of the situations applies to you, please check off the appropriate exemption.

I am self-employed and have no employees who work for me, and do all of the work of my business, named _____ at _____, Worcester, myself. Therefore, I am not required to obtain workers' compensation insurance.

OR

I and _____ are the owners of the business named _____ at _____, Worcester and we have no employees. Therefore, we are not required to obtain workers' compensation insurance.

I certify that the above is true and correct under the pains and penalties of perjury this _____ day of _____, 20____.

SIGNATURE

**CERTIFICATION OF COMPLIANCE WITH WORCESTER
REVISED ORDINANCES GOVERNING REVENUE COLLECTION**

Pursuant to M.G.L. c. 40, section 57 and Worcester Revised Ordinances, Chapter 11, Article 2, Section 1, ET. Seq., I hereby certify, under the pains and penalties of perjury, that the undersigned applicant and all parties having an ownership interest therein have complied with the laws of the Commonwealth of Massachusetts and the City of Worcester regarding payment of all local taxes, fees, assessments, betterment's or any other municipal charges of any kind.

GIVE FULL NAMES AND RESIDENCES OF ALL PERSONS AND PARTIES INTERESTED IN THIS APPLICATION.

(Give first and last name in full: in case of a corporation give names of President, Treasurer and Manager, and in case of firms, give names of individual members)

1. IF A PROPRIETORSHIP

Name of owner _____
Business Address _____
Home Address _____
Business Phone _____ Home Phone _____

2. IF A PARTNERSHIP

Full Names and Addresses of all Partners:

Name	Address
_____	_____
_____	_____

Business Address _____
Business Phone _____

3. IF A CORPORATION

Full Legal Name _____
State of Incorporation _____
Principal Place of Business _____
Principal Place of Business in Massachusetts _____

Officers in Corporation

Name	Title
_____	_____
_____	_____

4. IF A TRUST

Name of Trust _____
Business Address _____
Name of Trustee _____
Address _____

(Use additional sheets if necessary)

DATED THIS _____ DAY OF _____

By Name _____
Title _____
Business Address _____
Social Security or Federal I.D. No. _____