



**Department of Inspectional Services
Worcester, Massachusetts**

Christopher P. Spencer
Commissioner

Amanda M. Wilson, Director
Housing/Health Inspections

**Instructions for an
Application for a Permit to Practice Body Art
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.
4. Provide a check, money order, or exact cash for \$100.00. Please make checks payable to: City of Worcester.
5. Provide original documentation of:
 - Current CPR certification
 - Current First Aid certification
 - Current Blood Borne Pathogens certification
 - Certificate of completion Skin Course (one time only)
 - Anatomy Course certificate for Piercers
6. 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



Department of Inspectional Services
Worcester, Massachusetts

Christopher P. Spencer
Commissioner

Amanda M. Wilson, Director
Housing/Health Inspections

APPLICATION FOR A PERMIT TO PRACTICE BODY ART
IN THE CITY OF WORCESTER
 NEW RENEWAL

Applicant's name: _____

Applicant's date of birth: _____/_____/_____

Applicant's residential address: _____

Applicant's home phone number: _____

Applicant's email address: _____

Name of establishment utilized
for all body art procedures: _____

Type of body art to be performed: ___ tattooing ___ piercing ___ tattooing & piercing

CPR Certification date: _____ Expiration date: _____

First Aid Certification date: _____ Expiration date: _____

Blood borne Pathogens Training date: _____ Expiration date: _____

Skin Diseases Course Date of Attendance: _____

Applicants seeking a Tattooing Permit list all completed courses on diseases, disorders, and conditions (including diabetes) or equivalent combination of training and experience:	Applicants seeking a Piercing Permit list all completed courses on skin, anatomy or equivalent combination of training and experience:

All equivalent combinations of training and experience related to the practice of Body Art procedures must be deemed acceptable by the Worcester Department of Inspectional Services.

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

To be filled out by the 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 _____, , myself. Therefore, I am not required to obtain workers' compensation insurance.

OR

I and _____ are the owners of the business named _____ at _____, 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.
