



**Department of Inspectional Services
Worcester, Massachusetts**

John R. Kelly
Commissioner/
Building 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 residential address: _____

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

Name & Address of current Employer/Studio (if applicable): _____

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

Dates of operation: From: _____ To: _____

Hours of operation: _____

Location of event: _____

Location of your site: _____

Autoclave Manufacturer and serial #: _____

CPR Certification date: _____ Expiration Date: _____

First Aid Certification: _____ Expiration Date: _____

Blood Born Pathogens: _____ Expiration Date: _____

Skin Disease Course for Tattooist: _____

Anatomy Course for Piercers: _____

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

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.

For Official Use Only

Approved by: _____

Fee Paid: _____

Date Issued: _____

Date Paid: _____

Disapproved: _____