



**City of Worcester  
Inspectional Services Department  
Division of Housing & Health Inspections**

**John R. Kelly**  
Commissioner/  
Building Commissioner

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

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

1. Complete the application.
2. Provide a check, money order or exact cash for \$55.00. Please make checks payable to:  
City of Worcester.
3. Provide original documentation of:  
(no copies accepted)
  - Current CPR Certification
  - Current First Aid Certification
  - Current Blood Borne Pathogens Certification
  - Certificate for Skin Disease Course (if tattooist)
  - Anatomy Course Certificate (for piercing)
4. 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) 799-8539



**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 OPERATE  
A BODY ART ESTABLISHMENT IN THE CITY OF WORCESTER**

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_  
\_\_\_\_\_

Business phone number: \_\_\_\_\_

Type of Body Art performed: \_\_\_\_\_ tattooing \_\_\_\_\_ piercing \_\_\_\_\_ tattooing and piercing

Owner's name: \_\_\_\_\_

Owner's phone: \_\_\_\_\_

Dates of operation: From: \_\_\_\_\_ To: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Location of event: \_\_\_\_\_

Pursuant to MGL Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
**Applicant's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Corporate officer (if applicable)**

\_\_\_\_\_  
**Social Security Number 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 of the Massachusetts General Laws requires the every local licensing agency shall withhold the issuance or renewal of a license 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 Worker' 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 on 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 no required. If one of the situations applies to you, please check off the appropriate exemption. A notary must sign this sworn statement. DO NOT sign the form until told to do so by the Notary Public.

Commonwealth of Massachusetts)  
County of Worcester ) SS

- I am self-employed and have no employees who work for me, and do all 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.

---

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

\_\_\_\_\_  
Signature

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersign notary public, personally appeared \_\_\_\_\_, proven to me through satisfactory evidence of identification, which was \_\_\_\_\_ to be the person whose name is signed on this document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her belief.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**Print Form**