

HEALTH DEPARTMENT

484 Broadway, Room 20
Everett, MA 02149
(617) 394-2255

STEVE SUPINO
EXECUTIVE DIRECTOR OF
HEALTH & HUMAN SERVICES

**CITY OF EVERETT
MASSACHUSETTS**



BOARD OF HEALTH

SEAN F. CONNOLLY, DPM
CHAIR
MELISSA MASSUA
MEMBER
KIM FERRANTE
MEMBER

Application for Body Art & Micropigmentation Practitioner Permit

Complete and return with registration fee to:

Everett Health Department
484 Broadway, Room 20
Everett, MA 02149

Date: _____

Fee/200.00 Individual Combination/Two Permits - \$275.00 Combination/Three - \$400.00

1. Type of Application: New Application Renewal

2. Type of License: Tattoo Piercing Micropigmentation All 3

3. Name: _____
 (Last Name) (First Name) (Middle Initial)

4. Address: _____

5. Date of Birth: _____ Home Phone: _____ (_____) _____

Email: _____

6. Body Art Facility:

- Name: _____
- Address: _____
- Phone Number: _____
- Owner (if different than applicant): _____

7. Have you ever been convicted of a felony? If yes, explain.

8. Have you been arrested in the last 5 years? If yes, explain.

9. Provide the Following With Application:

- A. (New & Renewal) Evidence of current certification in First Aid/CPR (Applicant must show a dated certificate of completion of a course in First Aid/CPR which demonstrates the required course was completed within the last 2 years)
- B. (New & Renewal) Copy of Valid photo Identification
- C. (New & Renewal) A completed SORI request form from applicant
- D. (New Application Only) Documentation of Hepatitis B Virus (HBV) vaccination Status
- E. (New Application Only) Documentation of completion of Quincy Health Department skin course or equivalent.
- F. (New Application Only) Copy of any prior training, licenses, permits or certification relevant to body art
- G. (New Application Only) Evidence of course completion in Prevention of Disease Transmission & Blood Borne Pathogen Training. (Applicant must show a dated certificate of completion for training course which fulfills the requirement of 29 CFR 1910.1030 et seq.)
- H. (New Application Only) Evidence satisfactory to the Board of at least two years actual experience in the practice of performing body piercing, whether such experience was obtained within or outside of the Commonwealth, including but not limited to experience, training, licensing, permits or certifications.
- I. (New Piercing Permit Only) Documentation of completion of an Anatomy and Physiology Course with grade of C or better from a college accredited by the New England Association of Schools and Colleges or equivalent unless applicant was permitted as a Body Art (Piercing) Practitioner by the Everett, MA Board of Health prior to March 1, 2010.
- J. (New Micropigmentation Permit Only) Completion and certification from The American Academy of Micropigmentation.

APPLICANT/BODY ART & MICROPIGMENTATION PRACTITIONER PERMIT
STATEMENT OF CONSENT

I understand that this permit expires two (2) years from date of issue. I understand that any required notice to be given to me by the Everett Board of Health may be given by mailing the notice to the address of the last place of business (facility address) of which I have notified the Everett Board of Health. I have received a copy of the Everett Board of Health Rules and Regulations on Body Art. I agree to abide by these regulations and procedures. I agree to work only out of a facility that is in compliance with Everett Board of Health requirements and has a valid Body Art Permit conspicuously posted within the establishment where I work.

I hereby authorize the City of Everett, its agents and employees to seek information and conduct an investigation into the truth of statements set forth in the application and the qualifications of the applicant for this permit.

I hereby certify, under the pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete, accurate, and not misrepresented in any way.

Date

Signature

Name and Title (Print)

NO APPLICATION WILL BE REVIEWED BY THE BOARD OF HEALTH UNTIL ALL NECESSARY
DOCUMENTATION IS SUBMITTED

Checklist for Review of Body Art Practitioner & Micropigmentation Permit – New Applicant

Tattoo _____ Piercing _____ Micropigmentation _____

Name of Applicant:	
Applicant Phone Number:	
Establishment Name:	
Date Application Received at HD:	
HD Reviewer:	



	Fee - Tattoo, Piercing, Micropigmentation individually - \$200.00
	Fee – Combination of any two permits - \$275.00
	Fee – Combination of any three permits – Micropigmentation, Tattoo, Piercing \$400.00
	Application Complete
	18 years of age – check valid Drivers license or state issued ID
	Proof of Past Training and Experience – Previous Employment Form Submitted or Copies of Past Licenses
	Proof of Previous Employment Verified
	Proof of Hepatitis B Vaccination or Immunity
	Completion of Blood Borne Pathogen Training Program
	Current First Aid Certification – date expires:
	Current CPR Certification – date expires:
	For Tattoo & Micropigmentation Permit - Completion of Skin Course
	For Piercing Permit - Completion of Anatomy and Physiology Course including Skin – Grade C or higher
	For Micropigmentation Permit – Completion and Certification from The American Academy of Micropigmentation
	SORI Form Received
	SORI OK?
	Recommended For Permit? YES NO

NOTES:

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Previous Employment Form For Body Art & Micropigmentation Permit Applicants

Date: _____

Applicant Name: _____

Previous employment:

Establishment Name: _____

Establishment Address: _____

Phone Number: (____) _____ - _____

Supervisor's Name: _____

Dates of Employment: ____/____/____ Through ____/____/____

Brief description of procedures performed: _____

Establishment Name: _____

Establishment Address: _____

Phone Number: (____) _____ - _____

Supervisor's Name: _____

Dates of Employment: ____/____/____ Through ____/____/____

Brief description of procedures performed: _____

More room on next page (if needed)

Establishment Name: _____
Establishment Address: _____
Phone Number: (____) _____ - _____
Supervisor's Name: _____
Dates of Employment: ____ / ____ / ____ Through ____ / ____ / ____
Brief description of procedures performed: _____

Establishment Name: _____
Establishment Address: _____
Phone Number: (____) _____ - _____
Supervisor's Name: _____
Dates of Employment: ____ / ____ / ____ Through ____ / ____ / ____
Brief description of procedures performed: _____

Establishment Name: _____
Establishment Address: _____
Phone Number: (____) _____ - _____
Supervisor's Name: _____
Dates of Employment: ____ / ____ / ____ Through ____ / ____ / ____
Brief description of procedures performed: _____

Establishment Name: _____
Establishment Address: _____
Phone Number: (____) _____ - _____
Supervisor's Name: _____
Dates of Employment: ____ / ____ / ____ Through ____ / ____ / ____
Brief description of procedures performed: _____

COMMONWEALTH OF MASSACHUSETTS
SEX OFFENDER REGISTRY BOARD

REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's name: _____ Date of birth: _____

Address: _____ Telephone number: _____

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature: _____ Date: _____

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject's name (PLEASE PRINT): _____

Date of birth or approximate age: _____

Address: _____

Personal identifying characteristics:

Sex: _____ Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Other information (e.g. license plate number, parents' names, etc.): _____

*****WARNING*****

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).