



APPLICANT/BODY ART & MICROPIGMENTATION **APPRENTICE PERMIT** **STATEMENT OF CONSENT**

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)

