Department of
Inspectional
Services

City of Everett
David Palumbo - Director
Building Commissioner
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617-394-2220

APPLICANT/BODY ART & MICROPIGMENTATION FACILITY 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 Regulation on Body Art. I agree to abide by these regulations and procedures. I agree to abide by these regulations and procedures. I agree to post the following valid and updated documents conspicuously in my place of business at all times:

- Original permits for all Body Art/Micropigmentation Practitioners working in the facility, and
- Original Permit for Body Art/Micropigmentation Facility

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.

Signature: _____

Name and Title: _____

Date: _____

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