



Department of
**Inspectional
Services**

City of Everett
David Palumbo - Director
Building Commissioner
David.Palumbo@ci.everett.ma.us
617-394-2220

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 Regulation 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 REVIEW BY THE BOARD OF HEALTH UNTIL ALL
NECESSARY DOCUMENTATION IS SUBMITTED**



City of Everett