



Samuel S. Wong, PhD
Director of Public Health

(508) 532-5470
health@framinghamma.gov
www.framinghamma.gov

MEMORIAL BUILDING
150 Concord Street, Room 205
Framingham, MA 01702

Body Art Practitioner (Individual) Permit Application

Complete the application below legibly and include all required documents listed below. Incomplete applications and missing documents may delay the review and permitting process.

Type of Application

New Body Art Practitioner Permit

Renewal of existing Body Art Practitioner Permit
Complete **A, B, C and E** Sections Below

A. Practitioners Information

Date: _____

Name of Practitioner: _____ Date of Birth: _____

Mailing Address: _____

Phone Number: _____ Email: _____

B. Type of Body Art to be Performed
Check all that apply

Body Piercing

Tattoo (Not Permanent Makeup or Microblading)

Permanent Make-up

Microblading

C. Framingham Establishment Information

Provide the name of the Body Art Establishment where you currently work or may work in Framingham:

Name(s) of Body Art Establishment	Address	Phone Number

D. Education

Experience, Training and / or Certificates acquired in other states that regulate Body Art may be considered during the application review.

Name(s) of Body Art School or Training	Address	Phone Number

E. Training

- Have you completed an OSHA course on Prevention of Disease Transmission and Blood-borne Pathogens? Yes - Submit a copy No

Note: Knowledge shall include the requirements of the standards in 29 CFR 1910.1030

- Have you completed Basic Training in First Aid? Yes No
- Have you completed a Cardiopulmonary Resuscitation (CPR) course? Yes No
➤ If Yes, did the CPR course take place in a classroom or online? Classroom Online
- Have you completed a basic Anatomy and Physiology course with a grade of C or better? Yes No
- Have you completed at least one year of apprenticeship under the supervision of a trained, experienced, professional body piercer or tattoo artist? Yes No
➤ If Yes, provide evidence of apprenticeship

All Body Piercers, and Tattoo Artists shall provide the following documents:

- Completed Application. Incomplete applications and missing documents may delay the renewal process.
- Fee: **\$50.00** for Tattoo Practitioner, **\$50** for Body Piercing Practitioner. If the practitioner performs **both** procedures, submit a total fee of **\$100.00**. Checks shall be made payable to the **“City of Framingham”**. **Credit cards are not accepted at this time. All fees are non-refundable.**
- Copy of driver’s license / State identification card showing evidence that the applicant is not less than 18 years of age – New Applicants
- Copy of your successful completion of Basic Training in First Aid and CPR, as well as recertification.
- Official transcript(s) of successful completion of an Approved level Basic Anatomy and Physiology course – New Applicants
- Proof of negative mantoux (Tb) test within sixty (60) days previous of application – New Applicants
- A letter or certificate of successful completion of a one-year apprenticeship under supervision of a trained, experienced, professional body piercer or tattoo artist – New Applicants
- A copy of the License of the Professional Body Piercer / Tattoo Artist under whom the apprenticeship was completed – New Applicants

Please Note: Any missing information may cause a delay in the permitting process.

Statement: I, _____ received, read and understand the City of Framingham’s Rules and Regulations Relative to Tattoo and Body Art. I agree to adhere to all regulations regarding body piercing / tattooing practice. I understand that any deviation from the submitted and approved plan without prior approval from the Framingham Department of Public Health may cause a delay in the permit process. Pursuit to M.G.L Chapter 62C, Section 49A, I hereby certify under the pains and penalties of perjury that, to my best knowledge and belief, the information provided above is true and correct and that I have filed all state tax returns and paid all state taxes required under law.

Signature: _____ Print: _____

For Official Use Only

- Approved as submitted**
- Approved as submitted with the following conditions:** _____
- Disapproved as submitted – Reason(s): **** _____

Date Reviewed: _____ **Reviewed By:** _____ **Title: Public Health Inspector**

Date Permit was Issued: _____