



SHARON CAMERON
DIRECTOR

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES

24 LOWELL STREET
PEABODY, MASSACHUSETTS 01960
(978) 538-5926
FAX: (978) 538-5990

Board of Health
BERNARD H. HOROWITZ,
CHAIRMAN
THOMAS J. DURKIN III
LEIGH ANN MANSBERGER, MD,
MPH

Application for Permit to Perform Body Tattooing

FEE \$ 100.00 – Payable to CITY OF PEABODY

1. Name of Body Tattoo Artist: _____

Address and telephone: _____

2. Name and address of Establishment at which employed: _____

3. Body Tattoo Artist date of birth: _____

4. Have you previously performed body tattooing? _____

If so, list establishment names and addresses at which tattooing was performed,
and the approximate number of hours you performed tattooing at that
establishment:

_____ # Hours

_____ # Hours

_____ # Hours

5. Do you plan to engage in the application of Permanent Make-Up
(i.e. Micropigmentation)? _____ Exclusively? _____

If yes for either or both, list all prior training received (including training
providers and certifications, if applicable) and actual experience (including
establishments where experience was gained).

_____ # Hours

Hours

My signature below certifies that I have thoroughly reviewed the City of Peabody Board of Health Body Tattooing Regulations and that I fully comply with the contents therein.

- Attached hereto are:
- (1) a certified original birth certificate
 - (2) driver's license/state ID card
 - (3) evidence (in the form of a certified transcript or original letter from approved providers) that all training requirements of Section 3.2.2.3 have been met
 - (4) documentation that the medical requirements of Section 3.3.3.4 have been met
 - (5) my non-refundable **application fee of \$100.00.**

Applicant:

Signature _____

Name _____

Date _____

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number or Federal Identification. No.

Signature of Individual or Corporate Name

Corporate Officer (if applicable)

Date

Name and Address of Establishment

For office use only:

Completed application received: _____

- ___ Proof of age/identity
- ___ First Aid/CPR training
- ___ Prevention of Disease Transmission and Blood-borne Pathogens training
- ___ Anatomy and Physiology course
- ___ One year apprenticeship
- ___ 40 hours of micropigmentation training
- ___ One year micropigmentation apprenticeship
- ___ Hepatitis B immunity
- ___ Tb test

Date of public hearing: _____

Outcome: Approved Denied No action