

**TOWN OF WILBRAHAM**  
240 Springfield Street  
Wilbraham, Massachusetts 01095



**APPLICATION**

**License to practice body art  
and/or operate body art establishment**

1. No person shall practice body art, or operate an establishment for body art, or advertise as being engaged in such practice or business without first receiving a license from the Board of Health.
2. Each applicant for a license to practice body art or to operate a body art establishment, shall be over 18 years of age, of good moral character, and shall be a resident of Wilbraham or a neighboring town.
3. Each applicant shall present to the Board of Health an application, with three letters of recommendation stating the applicant is considered a person of good character.
4. Each applicant shall present to the Board of Health evidence of training and experience as outlined in the Regulations for Body Art Establishments and Practitioners.
5. Each premise used as a facility for the practice of body art shall be approved by the Board of Health or its Agent, and shall be open to inspection by the Board of Health at all times.
6. The fee for a practitioner's license is \$100 (expiring one year from date of issue). The fee for an establishment license is \$1000 (expiring one year from date of issue).
7. The Board of Health may suspend any license to practice or to operate for up to seven days, granted by it, for such cause as it deems sufficient, and without a hearing.

**Acknowledgement**

*The facts set forth below are true and complete. I understand that false statements on this application shall be considered cause for denial or revocation of a license.*

*I hereby acknowledge that I have received and read the regulations of the Town of Wilbraham Board of Health regarding the practice and business of providing body art services and understand the requirements and conditions represented in those regulations.*

**Tax Compliance Statement**

*Pursuant to Mass. General Laws, Chapter 62C, Section 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.*

\_\_\_\_\_  
signature

\_\_\_\_\_  
SSN or Federal ID Number

\_\_\_\_\_  
address

\_\_\_\_\_  
phone

**APPLICATION FOR  PRACTITIONER OF BODY ART**

**□ OPERATE BODY ART ESTABLISHMENT**

**Section One: All applicants complete the following general information.**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Present address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mail address (if different): \_\_\_\_\_

Previous address: \_\_\_\_\_

Height:	Weight:	Eye Color:	Hair Color:
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1. Education:

level	name & address of school	course of study	dates attended	years completed	diploma or degree earned
Elementary				5 6 7 8	
High School				1 2 3 4	
College				1 2 3 4	
Other				1 2 3 4	

2. Verifiable employment history in this trade beginning with the most recent.

Company Name, Address and Type of Business	Dates (from - to)	Describe the work	Reason for Leaving	Name of Supervisor
name address  type				
name address  type				
name address  type				

3. Do you hold a current license as a body art practitioner?  YES  NO

If yes, license issued by: \_\_\_\_\_

4. Have you ever had a license for body art (practice or establishment) revoked?  YES  NO.

If yes, give details of suspension, including jurisdiction, dates and circumstances: \_\_\_\_\_

\_\_\_\_\_

5. Have you ever been convicted of any violation of any statutes, ordinances, or rules and regulations by a court of competent jurisdiction?  YES  NO.

If yes, give details, including jurisdiction, dates and circumstances of conviction: \_\_\_\_\_

\_\_\_\_\_

6. Names, addresses and occupations of three persons (not relatives), from the Wilbraham or central Massachusetts area, submitting statements with this application as to your moral character:

name	address	occupation	telephone

### Section Two: Applicants for Practitioner License complete this section

1. Location where body art will be practiced in the Town of Wilbraham (name of establishment, street and number): \_\_\_\_\_

\_\_\_\_\_

2. Indicate what body art services you will provide:

- Tattooing
- Cosmetic Tattooing
- Piercing
- Branding
- Scarification

3. Please state your training (including dates) in the prevention of blood-borne pathogens and provide copy of completion certificate (such as "Preventing Disease Transmission" by American Red Cross or "Blood-borne Pathogen Training" by US OSHA.)

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4. Please state your training (including dates) in first aid and CPR and provide copy of completion certificate.

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5. If you intend to practice piercing or tattooing services, state your training or instruction (including dates and copy of certificate) in human anatomy and physiology, including the skin.

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**Section Three: Applicants for Operation of a Body Art Establishment complete this section**

1. Proposed location (Wilbraham street and number) \_\_\_\_\_

2. Doing Business As: \_\_\_\_\_ Telephone at this location: \_\_\_\_\_

3. Business owned by (name of owner/s, corp etc): \_\_\_\_\_

- sole proprietor or partnership
- corporation registered in (state) \_\_\_\_\_
- Limited Liability Partnership
- other organization or association \_\_\_\_\_

4. Owner's address: \_\_\_\_\_

5. Owner's mail address (if different): \_\_\_\_\_

6. Owner's telephone: \_\_\_\_\_

7. Day-to-day operations will be managed by (name): \_\_\_\_\_

8. Hours of operation (open for public business): \_\_\_\_\_

9. In emergencies contact (name, home address, business and home telephones):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Names of practitioners at the time of licensing:  
\_\_\_\_\_  
\_\_\_\_\_

11. Autoclave Registration  
Manufacturer: \_\_\_\_\_ Serial number: \_\_\_\_\_  
Model year: \_\_\_\_\_ Model number: \_\_\_\_\_

**Checklist for Attachments**

- Written statements of at least three persons, preferably residents of Wilbraham or neighboring towns, as to the good moral character of the applicant (as noted in item 6 of Section One).
- A current photograph, at least 2" x 2" in size.
- A birth certificate or passport (original/certified copy will be returned) **(practitioner applicants only)**
- Copies of diplomas or certificates of completion received by the applicant, substantiating the required training and education (as noted in Section Two). **(practitioner applicants only)**
- Letter of commitment from owner of licensed Wilbraham Body Art Establishment where you intend to practice. **(practitioner applicants only)**
- Waiver / Release for Report of Criminal Records **(practitioner applicants only)**
- A drawing or floor plan of the establishment, indicating all service and function areas as mentioned in the regulations, Town of Wilbraham Board of Health **(establishment applicants only)**