

**CITY OF CAMBRIDGE**  
Cambridge Public Health Department  
119 Windsor Street, Ground Level  
Cambridge, MA 02139  
617-665-3800

**BODY ART ESTABLISHMENT APPLICATION**  
(Body Piercing and Tattooing)

Type of Establishment (**Please check one**)

1. \_\_\_\_\_ Body Art Establishment providing Body Piercing only.
2. \_\_\_\_\_ Body Art Establishment providing Tattooing only.
3. \_\_\_\_\_ Body Art Establishment providing Body Piercing and Tattooing services.

Name of Business to Occupy Establishment \_\_\_\_\_

Establishment Address \_\_\_\_\_  
(Street) (Phone Number)

\_\_\_\_\_

(City) (State) (Zip)

Mailing Address of Establishment if Different \_\_\_\_\_  
(Street)

\_\_\_\_\_

(City) (State) (Zip)

Type of Ownership: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Corporation  
\_\_\_\_\_ Partnership

**OWNER INFORMATION**

If establishment is owned by a corporation, partnership or other combination of individuals, please attach names, titles, social security numbers and home addresses of all owners.

Name of Owner \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_

(City) (State) (Zip)

Social Security Number \_\_\_\_\_

Home Telephone # \_\_\_\_\_

**Has any owner or operator of the proposed establishment ever held a body art practitioner license or permit?**

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, please provide the following information for each person who has previously held or currently holds a body art practitioner license or permit:

Name of Practitioner \_\_\_\_\_

City/State of License or Permit \_\_\_\_\_

License or Permit Number \_\_\_\_\_ Current Status \_\_\_\_\_

**Has any owner or operator of the proposed establishment ever held a body art establishment license or permit?**

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, please provide the following information for each previously or currently operating a body art establishment.

Name of Establishment \_\_\_\_\_

Address/City/State \_\_\_\_\_

Establishment License # \_\_\_\_\_ Current Status \_\_\_\_\_

**Has any owner(s) or operator(s) of the proposed establishment been convicted of any criminal offense, other than a minor traffic violation, or formally charged with or disciplined for any violation of the rules, bylaws or standards of practice of any governmental authority, health care facility, or professional organization?**

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If you answered yes, list dates, jurisdiction, offense, disposition and any other relevant information on an attached sheet.

**Has any owner(s) or operator(s) of the proposed establishment had a license or permit to practice Body Art, or had a license or permit to operate a business or revoked, suspended, fined, placed on probation, or otherwise acted against?**

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If you answered yes, list dates, jurisdiction, offense, disposition and any other relevant information on an attached sheet.

**Please submit the following along with completed application.**

1. Certificate of Occupancy
2. Exposure Control Plan
3. Client Application and Client Consent Form (should include apprentice consent)

4. Health Related Release Form
5. After Care Instructions
6. Floor Plans of proposed establishment
7. Fee for \$250.00 made payable to the Cambridge Public Health Commission.

I AUTHORIZE THE CITY OF CAMBRIDGE, ITS AGENTS AND EMPLOYEES TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN THIS APPLICATION.

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Signature(s) of Owner/Operator(s) or Corporate Officer(s)

Date

I AGREE TO OPERATE ONLY UNDER THE NAME OR THE DESIGNATION SPECIFIED ABOVE AND I AGREE TO NOTIFY THE CAMBRIDGE PUBLIC HEALTH DEPARTMENT AT LEAST 14 DAYS PRIOR TO ANY CHANGE OF NAME, ADDRESS, OR OWNERSHIP. I HAVE RECEIVED, READ, AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF BODY ART OF THE CITY OF CAMBRIDGE.

I CERTIFY UNDER THE PENALTIES OF PERJURY THAT ALL INFORMATION CONTAINED IN THE APPLICATION IS TRUE AND CORRECT. ANY MISSTATEMENTS IN THIS APPLICATION ARE GROUNDS FOR REFUSING TO ISSUE OR FOR REVOCATION OF ANY LICENSE ISSUED.

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Signature(s) of Owner/Operator(s) or Corporate Officer(s)

Date