

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

**BODY ART PRACTITIONER APPLICATION**  
(Body Piercing & Tattooing)

**General Information**

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

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

\_\_\_\_\_  
(City) (State) (Zip)

Mailing Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Type Of Application**

\_\_\_\_ Professional Tattoo Artist

\_\_\_\_ Professional Piercer

\_\_\_\_ Apprentice Tattoo Artist

\_\_\_\_ Apprentice Piercer

**Establishment Information**

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

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

\_\_\_\_\_  
(City) (State) (Zip)

Establishment Telephone # \_\_\_\_\_

**NOTE: If you will be working at more than one location in Cambridge, you must attach the addresses of all other establishments where you will be working.**

**Please answer the following questions. If you answer YES to any of the following, please attach all relevant information regarding the event including dates, jurisdiction and offense.**

A. Have you been convicted of a criminal offense, other than a minor traffic violation?

Yes  
 No

B. Have you been 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

C. Have you ever been denied a Body Art Practitioner License for any reason?

Yes  
 No

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

1. Valid documentation of Hepatitis B Virus (HBV) vaccination status.
2. Evidence of successful completion of a course on Prevention of Disease Transmission and Blood Borne Pathogens.
3. Evidence of successful completion of a course in Anatomy and Physiology, or another course approved by the Department.
4. Evidence of Certification in Basic First Aid and Advanced CPR.
5. One 2"x2" passport photograph taken within 30 days of submission of this application for all establishments you will work at.
6. Positive ID or a valid passport indicating that you are at least 18 years old.
7. A fee of \$50 made payable to the **Cambridge Public Health Commission**.

### **Applicant Statement of Consent**

**I understand that I must have a valid license to conduct Body Art in the City of Cambridge and that the license is valid for the conduct of those Body Art practices for which I have applied. I also understand that any notice to be mailed to me by the Cambridge Public Health Department will be mailed to my address indicated on this application and a copy of such notice will also be mailed to the operator of the Body Art Establishment that I have indicated above.**

**I have received a copy of the Cambridge Public Health Department Body Art Regulations. I have read and understand the obligations and requirements imposed upon a licensed Body Art Practitioner by those regulations. I also agree to comply with all of the regulation requirements specified in the Cambridge Public Health Department Body Art Regulations while practicing in the City of Cambridge.**

**I hereby certify, under penalties and pains of perjury, that to the best of my knowledge the information provided on this application is complete and accurate and in no way misrepresented.**

**Signature of the applicant** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Full name of applicant** \_\_\_\_\_