



(508) 532-5470  
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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: \_\_\_\_\_

**Type of Body Art to be Performed**

**B. 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 permitting 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 Public Health Department 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: \_\_\_\_\_