



TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

*Medway Town Hall
155 Village Street
Medway, MA 02053
Phone (508) 533-3206*

BOARD OF HEALTH

Body Art Apprentice Permit Application

Date: _____

Type of Body Art: ☐ Tattoo ☐ Piercing ☐ Tattoo/ Piercing ☐ Cosmetic Tattooing
☐ Branding ☐ Scarification ☐ Other: _____

Apprentice Information:

Name: _____ Date of Birth: _____

Residence Address: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Body Art Establishment Information (where will you be an apprentice):

Establishment Name: _____

Address: _____, Medway MA 02053

Phone Number: _____ Email: _____

Statement: 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. I hereby attest to the accuracy of the information provided in the application and affirm to comply with all rules and requirements of Medway's Board of Health. I understand that false statements shall constitute grounds for denial.

Name (Please Print)

Signature

Applications will not be accepted unless ALL of the following documents are enclosed with the application:

- Completed Body Art Apprentice Permit Application. Incomplete applications and missing documents may delay the review and permitting process.
- Bloodborne Pathogens Training
- First Aid Certification
- CPR Certification