

# TOWN OF NORWELL

## Health Department

### Body Art Practitioner License Application

**Instructions:** No license will be issued until the Board of Health receives a complete application form (including all attachments and permit fee) and until the BoH conducts an inspection verifying that the practitioner meets all sections of the Norwell BoH Body Art Regulation. Mail a complete body art practitioner license application, along with all attachments and a check or money order for the permit fee to:

Norwell Health Department  
345 Main Street  
Norwell, MA 02061

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

Application Type:	Services You Provide:
<input type="checkbox"/> Annual – New Application	<input type="checkbox"/> Tattoo
<input type="checkbox"/> Annual – Renewal Application	<input type="checkbox"/> Piercing
<input type="checkbox"/> Apprentice	<input type="checkbox"/> Permanent cosmetics, micropigmentation, microblading, or similar services
	<input type="checkbox"/> Other
	Please specify: _____

#### Practitioner Information

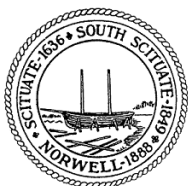
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### Establishment Information (where you work or are planning to work)

Name of Shop: \_\_\_\_\_ Owner Name: \_\_\_\_\_  
Shop Address: \_\_\_\_\_  
Shop Phone Number: \_\_\_\_\_

#### Body Art Practitioner License Fee \$100 (Annual or Apprentice)

Payments must be made by Check or Money Order, made payable to: Town of Norwell



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#### Attach copies of the following required documents:

- ☐ Driver's License, state-issued ID, passport, or other government photo ID
- ☐ First Aid/CPR Certification
- ☐ Prevention of disease transmission and bloodborne pathogens certification
- ☐ **NEW APPLICANTS ONLY** Please attach one of the following:
  - ☐ Letter from a Norwell-licensed body art practitioner (including a copy of that artist's license) stating that you will be apprenticing under that artist's supervision
  - ☐ Practitioner license(s) issued by other state/city showing licensed practice as a body artist for 1 year or more
  - ☐ Signed letter from a licensed body art practitioner (including a copy of that artist's license) stating that the applicant has satisfactorily completed an apprenticeship under the artist's supervision equivalent to at least one year of full-time employment (1,800 hours) in a permitted Body Art Establishment including supervised practice on at least 100 clients.
  - ☐ Other form of documentation indicating at least two years of full-time body art experience
- ☐ For individuals providing microblading, permanent cosmetics, micropigmentation ONLY who do not have any of the above credentials:
  - ☐ Certification indicating completion of a 100-hour course accredited by the American Academy of Micropigmentation (AAM) or the Society of Permanent Cosmetic Professions (SPCP) including hands-on practice of at least 3 complete procedures (two eyebrows is a single procedure) on living clients **and**
  - ☐ Signed letter from a body art practitioner licensed in Massachusetts (including a copy of that artist's license) stating that the applicant has completed at least 200 hours of apprenticeship including 30 hours observing procedures being performed and performing at least 50 complete supervised procedures on clients
- ☐ Required of all practitioners of NON-TATTOO body art: Anatomy & Physiology course certification

### Applicant Statement of Consent

I understand that this license is valid only in the Town of Norwell and expires one year after the date that it is issued. I understand that I must have a valid license to practice in the Town of Norwell and that license is only valid for the conduct of those body art practices for which I have applied, as listed on the license. I also understand that any notice to be mailed to me by the Norwell Health Department will be mailed to my address indicated on the 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 read the Norwell Board of Health Body Art Regulation and understand the obligations and requirements imposed upon a licensed Body Art Practitioner by those regulations. I also agree to comply with all the regulatory requirements while practicing in the Town of Norwell.

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.

\_\_\_\_\_  
Practitioner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practitioner Name (printed)