

**FEE:** \_\_\_\_\_  
Non-refundable application fee

OFFICE OF THE  
**BOARD OF HEALTH**  
13 East Central St., Natick MA 01760

Telephone 508-647-6460  
Fax– 508-647-6466  
health@natickma.org  
<https://www.natickma.gov/>

**APPLICATION FOR BODY ART PRACTITIONER PERMIT**

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

**Type of Application**

- New** Complete all Sections of this application     **Renewal** Complete A, B, & C Sections below  
A Late Fee of 25% will be due after the current expiration date

**A. Practitioners Information**

Name of Practitioner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address:

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**B. Type of Body Art to be Performed (Check all that apply)**

- Body Piercing     Tattooing     Branding     Scarification     Permanent Make-Up     Microblading

**C. Natick Establishment Information**

**Provide the name of the Body Art Establishment where you currently work or may work in Natick:**

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     No
- Have you completed Basic Training in First Aid and CPR course?  Yes     No  
Please note, online training does not meet the requirements for practical certification
- For body piercing practitioner: Have you completed a basic Anatomy and Physiology course?  Yes  No
- For tattoo practitioner: Have you completed a course on skin diseases, disorders and conditions, including diabetes?  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

**All Body Piercers and Tattoo Artists shall provide the following documents:**

- Completed "Application for Body Art Practitioner Permit." Incomplete applications and missing documents may delay the renewal process.  
Fee: \$200.00 Body Art Practitioner made payable to the "Town of Natick." Credit cards are not accepted at this time. **All fees are non-refundable.** Check, complete application and required documents can be mailed together to: The Board of Health, 13 East Central St., Natick MA 01760
- Copy of current Basic Training in First Aid and CPR certificate – online training does not meet the requirements for practical certification.
- Record of your up-to-date Hepatitis B vaccine
- A letter or certificate of successful completion a course on skin diseases, disorders and conditions, including diabetes.
- Copy of OSHA course on Prevention of Disease Transmission and Blood-borne Pathogens – **New Applicants only.**
- Copy of driver's license / State identification card showing evidence the applicant is not less than 18 years of age – **New Applicants only.**
- A letter or certificate of successful completion of an Approved Level Basic Anatomy and Physiology course – **New Body Piercing Practitioner Applicants only.**
- 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 only.**
- A copy of the License of the Professional Body Piercer / Tattoo Artist under whom the apprenticeship was completed – **New Applicants only.**

**Please note: Any missing information may cause a delay in the permitting process.**

Statement: I, \_\_\_\_\_ read and understand the Natick Board of Health Regulations Chapter 21, Regulations for Body Art Establishments. I agree to adhere to all regulations regarding body piercing / tattooing practices. I shall inform the Natick Board of Health, in writing, of any changes at the establishment, including any new body art practices, replacement of equipment (such as autoclaves), or hiring of new hazardous waste pick up service. I understand that any deviation from the submitted and approved plan without prior approval from the Natick Board of Health 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): \_\_\_\_\_  
\_\_\_\_\_

Reviewed By: \_\_\_\_\_ Title: \_\_\_\_\_  
Date Reviewed: \_\_\_\_\_ Date Permit was Issued: \_\_\_\_\_



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 Lafayette City Center  
 2 Avenue de Lafayette, Boston, MA 02111-1750  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.***

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

<p><b>Official use only. Do not write in this area, to be completed by city or town official.</b></p> <p>City or Town: _____ Permit/License # _____</p> <p>Issuing Authority (check one):</p> <p>1. <input type="checkbox"/> Board of Health    2. <input type="checkbox"/> Building Department    3. <input type="checkbox"/> City/Town Clerk    4. <input type="checkbox"/> Licensing Board</p> <p>5. <input type="checkbox"/> Selectmen's Office    6. <input type="checkbox"/> Other _____</p> <p>Contact Person: _____ Phone #: _____</p>	
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# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
Lafayette City Center  
2 Avenue de Lafayette,  
Boston, MA 02111-1750  
Tel. (857) 321-7406 or 1-877-MASSAFE  
Fax (617) 727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)