



**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  
☐ 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

\*\*\*No fee for apprentice permit

\*\*\* Submit documentation showing completion of 25 supervised client visits and 50 hours of observations.