



Town of Wilmington Board of Health

Application for Body Art/Practitioner 2026

Instructions: No license will be issued until the Wilmington Health Department receives a complete application form (including all attachments and permit fee) and until we conduct an inspection verifying that the practitioner meets all sections of the Board of Health's 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:

**Town of Wilmington
Board of Health
146 Middlesex Avenue
Wilmington, MA 01887
978-658-4298**

Application Date:

Application Type: <input type="checkbox"/> Temporary – visiting artist/convention <input type="checkbox"/> Event Name, Date & Location:	Services You Provide: <input type="checkbox"/> Tattoo
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Practitioner Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

**Email address (REQUIRED): _____

Establishment Information (where you work)

Name of Shop: _____

Owner Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Payment must be made by check or money order **ONLY**, made payable to **Town of Wilmington** and mailed or dropped off at the address above. **WE DO NOT ACCEPT PAYMENT BY CREDIT CARD OR ONLINE PAYMENTS!**

Temporary (convention or visiting artist) \$75.00

***** Your temporary body art license will be sent to the email address provided above.***

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
- Practitioner license(s) issued by 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. (tattoo)

Applicant Statement of Consent

I understand that this license is valid only in the Town of Wilmington and is valid for the one-time event only. I understand that I must have a valid license to practice in the Town of Wilmington and that license is only valid to 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 Wilmington 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 Wilmington Board of Health Body Art Regulation Section 17 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 Wilmington.

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.

Signature: _____

Printed Name: _____

Date: _____