



Lisa Golden, RN, MSN  
Director of Health & Human Services  
978.674.1050

## APPLICATION FOR BODY ART FACILITY LICENSE

Complete and return this form with \$250.00 registration/renewal fee (made out to: *City of Lowell*) to the above address. Upon satisfactory review of the application and receipt of the license fee, a numbered facility license will be issued by the Lowell Health Department. Such license is valid from January 1<sup>st</sup> to December 31<sup>st</sup> annually. As of January 1, 2026 the registration/renewal fee for all Body Art Establishments shall increase to \$375.00 per establishment. As of January 1, 2027 onward, the registration/renewal fee for all Body Art Establishments shall increase to \$500.00 per establishment. These increases are as set forth in the City of Lowell Fee Schedule per vote of the City Council.

NEW APPLICATION

RENEWAL

Facility License Type:  Body Piercing (only)

Tattooing (only)

Microblading (only)

1. Body Art Facility Name: \_\_\_\_\_

2. Body Art Facility Address: \_\_\_\_\_

Number

Street

City

State

Zip

3. Body Art Facility Telephone \_\_\_\_\_

4. Mailing Address (if different): \_\_\_\_\_

5. Body Art Facility Applicant: \_\_\_\_\_

6. Name of Facility Owner: \_\_\_\_\_

7. Home Address of Facility Owner: \_\_\_\_\_

8. Cell phone number of Owner: \_\_\_\_\_

9. If corporation or partnership, list name, title, and home address of officers or partners: State of Incorporation \_\_\_\_\_

Name

Title

Home Address

10. Emergency Response Person: Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

11. Facility Hours of Operation: \_\_\_\_\_



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12. **PROVIDE THE FOLLOWING:** APPLICANTS MUST PROVIDE THE FOLLOWING ALL APPLICATIONS. HIGHLIGHTED SECTIONS ARE REQUIRED FOR EACH RENEWAL APPLICATION. ALL SECTIONS ARE REQUIRED FOR NEW APPLICANTS.  
MICROBLADING ESTABLISHMENTS SEE ATTACHED ADDITIONAL REQUIREMENTS FOR NEW APPLICATIONS.

- a. Scaled plans and specifications of the proposed facility to demonstrate compliance with the Body Art Ordinance at time of original application and upon any change in facility layout.
- b. Proof of Special Permit issued by the Zoning Board of Appeals under City of Lowell Zoning Code..
- c. Evidence of Certificate of Occupancy issued by Inspectional Services.
- d. **Provide copy of Business Certificate issued by the Lowell City Clerk under the provisions of MGL c.110 S5**
- e. Proof of Exposure Plan for the facility meeting all the requirements of OSHA regulations, to include, but not limited to, 29 Code of Federal Regulation 1910.1030 *et seq.*
- f. Copy of Client Application and Consent Form for Body Art to be used within the Facility placed on facility letterhead which clearly refer to prohibited practices and that Body Art cannot be performed on a minor.
- g. Copy of Aftercare Instructions to be used by all practitioners within the Facility.
- h. **Name of waste hauler that services facility:** \_\_\_\_\_
- i. **Name of waste hauler that services facility for contaminated waste & sharps:** \_\_\_\_\_
- j. **Microblading establishment:** Copy of current valid Board of Cosmetology establishment licensure.
- k. **Microblading establishment:** Copy of current pricing list for all services provided for microblading being conducted outside the establishment's Board of Cosmetology scope of practice.

### APPLICANT/BODY ART FACILITY LICENSEE STATEMENT OF CONSENT

*I understand that this facility license expires on December 31<sup>st</sup> of this year. I understand that any notice required to be given by the Lowell Health Department to me may be given by mailing the notice to the place of business. I also understand that I am responsible for contacting the Lowell Health Department with any change of address. I acknowledge that I am responsible for the renewal of this license by December 31<sup>st</sup> of each year regardless of notice from the Lowell Health Department. I agree to abide by the City of Lowell Regulations promulgated under M.G.L. c111 s.31 governing Body Art,. I agree to have the Body Art Facility License and licenses for all Body Art Practitioners working in the facility conspicuously posted within the establishment at all times. I have read and understood the prohibitions put forth in, but not limited to, sections 10.12, 13.7, 15.09 and 18 of the Lowell Health Department Regulations Governing Body Art.*

*I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (print)



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**ADDITIONAL REQUIREMENTS FOR BODY ART ESTABLISHMENTS –  
MICROBLADING INITIAL APPLICATION**

- l. For Establishments not requiring renovations – proof of submittal of the Board of Registration of Cosmetology & Barbering Cosmetology Salon Renovation Application (attached) indicating that no work is required along with copy of the floor plan submittal. Proof of email or certified mail receipt must be included.
- m. For Establishments requiring renovations – proof of submittal of the Board of Registration of Cosmetology & Barbering Cosmetology Salon Renovation Application (attached), proof of a passing inspection by the Board of Cosmetology and another other documentation required. Proof of email or certified mail receipt must be included with initial application.
- n. Copy of current valid Board of Cosmetology licensure.
- o. Copy of Price list of all services provided for microblading being conducted outside the establishment’s Board of Cosmetology scope of practice.
- p. Copy of Client Consent form and After Care instructions meeting the requirements of the Body Art Regulations placed on the Establishment’s letterhead. These forms must state that microblading cannot be conducted on a minor client, and that microblading is considered to be permanent.

**OFFICE USE ONLY**

Facility Inspection Date \_\_\_\_\_ Inspected by \_\_\_\_\_

Approved, Effective Date: \_\_\_\_\_ License # \_\_\_\_\_

Fee paid: \_\_\_\_\_ Check # \_\_\_\_\_

License Approved: \_\_\_\_\_ Piercing \_\_\_\_\_ Tattooing \_\_\_\_\_ Microblading

Disapproved, Comment: \_\_\_\_\_