

## STATE OF MAINE HEALTH INSPECTION PROGRAM LICENSE APPLICATION FOR **BODY ARTIST**

### Applicant Information

Applicants Name: \_\_\_\_\_ Business Name \_\_\_\_\_

Physical Work Location, E-911 Address: \_\_\_\_\_ Town/City, Zip Code: \_\_\_\_\_

Tattoo/Body Piercing Show Location: \_\_\_\_\_ Tattoo/BP Show Dates: \_\_\_\_\_

Mailing Address; Town/City, Zip Code: \_\_\_\_\_

E-mail Address (Print): \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Date of Blood Borne Pathogen Training: \_\_\_\_\_ (If licensed in the past by HIP) EST ID: \_\_\_\_\_

**THERE IS A 30 DAY REVIEW PERIOD AFTER RECEIPT OF A COMPLETED APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED FOR COMPLETION. THE APPLICANT MUST NOT OPERATE UNTIL AN INSPECTION IS PERFORMED AND A LICENSE IS ISSUED.**

### PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION

<p style="text-align: center;"><b>Micropigmentation (Microblading)</b></p> <ul style="list-style-type: none"> <li>➤ Evidence of training under direct supervision of a licensed Micropigmentation practitioner.</li> <li>➤ Copies of any licenses, diplomas, or certificates issued as Micropigmentation practitioner.</li> <li>➤ Copy of high school diploma or evidence of equivalent education.</li> </ul> <p>(The initial license is valid for up to 24 months with an expiration date of September 30. Renewals are biennial.)</p>	<p style="text-align: center;"><b>TATTOOING</b></p> <ul style="list-style-type: none"> <li>➤ Demonstration of knowledge of safe practices regarding the art of tattooing such as:               <ul style="list-style-type: none"> <li>➤ Description of training under direct supervision of a licensed Tattoo practitioner.</li> <li>➤ Copies of any licenses, diplomas, or certificates issued for tattooing.</li> </ul> </li> </ul> <p>Proof of attendance (<b>Appx D</b>) <b>Department approved</b> blood borne pathogen training program within the last three years.</p>	
<p style="text-align: center;"><b>ELECTROLOGY</b></p> <ul style="list-style-type: none"> <li>➤ Copy of a certificate indicating satisfactory completion of a 600-hour course of instruction in a school of electrology and provides the department with a notarized copy of a certificate of completion from that school of electrology.</li> </ul> <p>Copy of high school diploma or evidence of equivalent education.</p>	<p style="text-align: center;"><b>BODY PIERCING</b></p> <ul style="list-style-type: none"> <li>➤ Description of applicant's experience in performing body piercing.</li> </ul> <p>Proof of attendance at a (<b>Appx D</b>) <b>Department approved</b> blood borne pathogen training program within the last three years</p>	
<b>BODY ARTIST LICENSE TYPES</b>	<b>CHECK OFF HERE</b>	<b>LICENSE FEES</b>
Tattoo Artist	<input type="checkbox"/>	\$250.00
Tattoo Show	<input type="checkbox"/>	\$75.00
Body Piercer	<input type="checkbox"/>	\$250.00
Tattoo Artist Additional Location	<input type="checkbox"/>	\$50.00
Tattoo Artist and Body Piercer (Combination)	<input type="checkbox"/>	\$300.00
Electrologist	<input type="checkbox"/>	\$125.00
Guest Body Artist	<input type="checkbox"/>	\$90.00
Micropigmentation Practitioner ( <b>MICROBLADING</b> )	<input type="checkbox"/>	\$150.00
<b>MISCELLANEOUS FEES</b>		
License Transfer: Tattoo, Body Piercer, Micro or Combination License <b>If the shop has never been inspected by HIP, a full license fee is required.</b>	<input type="checkbox"/>	\$50.00
Reprint License	<input type="checkbox"/>	\$25.00
Late Renewal Fee Within 30 days of license expiration date	<input type="checkbox"/>	\$25.00
Late Renewal Fee after 30 days of license expiration date	<input type="checkbox"/>	\$100.00 for 1 <sup>st</sup> offense + \$25 for first 30 days
Insufficient Funds	<input type="checkbox"/>	\$25.00
Additional Inspection	<input type="checkbox"/>	\$100.00

**1. Drinking Water:**

A. Does your water come from a city/town water supply?  Yes  No

If yes, provide the name of the city/town water supplier to which you pay your water bill  
\_\_\_\_\_ and **skip to Item 2.**

If no, please provide the following:

**Water Test Results from a Certified Laboratory for the following tests:**

Total Coliform bacteria, nitrate: samples must be taken within three months before the date this application is received.

For a list of Certified Laboratories, see [www.medwp.com](http://www.medwp.com) or call the Maine Drinking Water Program at 207-287-2070

**2. Wastewater Disposal:**

A. Is wastewater disposed to an on-site wastewater disposal system, either proposed or existing?  Yes  No

If yes, you must complete the attached “Onsite Wastewater Disposal System – Local Review and Verification Form” (Appendix C) and have your Local Plumbing Inspector verify compliance with the Maine Subsurface Wastewater Disposal Rules, 10-144 CMR 241 (the Rules). The Local Plumbing Inspector must verify that either the existing subsurface wastewater disposal system has the capacity to accept the proposed business or that an expanded system has been designed and approved that meets applicable design requirements found in the Rules. Municipal records for your property should include copies of wastewater disposal system designs completed to date. If the municipality cannot locate a copy of the design(s) you may search here:

<https://apps.web.maine.gov/cgi-bin/online/mecdc/septicplans/index.pl>

**Demonstration of adequate wastewater disposal system capacity for the use proposed is required prior to licensure by the Health Inspection Program.**

Please visit our website for more information regarding wastewater disposal systems at [www.mainepublichealth.gov/septic-systems](http://www.mainepublichealth.gov/septic-systems) or call us at 207-287-5689 if you have any questions.

If no, please provide the name of the city, town, or utility district to which you pay your sewer bill.

Public Sewer Entity: \_\_\_\_\_

I, \_\_\_\_\_, applicant,

**PLEASE PRINT NAME CLEARLY**

hereby state that this application is accurate to the best of my knowledge. I further acknowledge that I am aware that deliberate falsification of the information herein shall be sufficient cause for denial of a license to operate the business. Discovery of deliberate falsification of information on this application after a license is issued may subject you to penalties, fines and other sanctions authorized by licensing statutes and rules, as well as the imposition of any other penalties, fines and sanctions provided by law.

By signing this application, I am verifying that I am 18 years of age and understand that the inspector will require proof of age upon inspection.

Applicant's Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

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PLEASE MAIL TO:

**HEALTH INSPECTION PROGRAM  
286 WATER STREET 3<sup>rd</sup> FLOOR  
AUGUSTA ME 04333-0011**



Please refer to the License Type & Fees for specific fees for various licenses on page 1

**MAKE CHECK OR MONEY ORDER PAYABLE TO: TREASURER, STATE OF MAINE  
(Fees are non-refundable.)**

**\*NOTICE: SECTION 5-B-5 OF THE TATTOO AND BODY PIERCING RULES NO LONGER APPLY. (ALL USED NEEDLES ARE TO BE DIRECTLY DISPOSED OF IN AN APPROVED SHARPS CONTAINER WITHOUT PRIOR CLEANING OR STERILIZING.) SHARP CONTAINERS MUST BE REGISTERED BY THE DEPARTMENT OF ENVIRONMENTAL PROTECTION (DEP)**

If you have questions, please call the Health Inspection Program at 207-287-5671 or email [HIPLicensing.DHHS@maine.gov](mailto:HIPLicensing.DHHS@maine.gov)

**For more information, please refer to our Rules <http://www.maine.gov/sos/cec/rules/10/chaps10.htm>  
Tattoo Practitioner- Chapter 210, Body Piercing -Chapter 209  
Micropigmentation- Chapter 211, Electrology- Chapter 212**

*We wish you remarkable success in your business!*

**Appendix C**  
**Onsite Wastewater Disposal System - Local Review and Verification Form**

This form is to be used by Health Inspection Program license applicants to demonstrate that their facility has adequate **wastewater disposal** system capacity for the use proposed. This form must be presented to the Local Plumbing Inspector of the municipality where the facility is located for review and approval of wastewater disposal system capacity.

**Please include this completed form with your license application.**

**Health Inspection Program**  
**Onsite Wastewater Disposal System Local Review and Approval Form HHE-602**  
**Appendix C**

**To be completed by the Owner/Applicant**

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

Facility Name: \_\_\_\_\_

Facility Physical Address: \_\_\_\_\_

Facility: [ ] Owner [ ] Operator: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Mailing Address if different from address above: \_\_\_\_\_

1. Check all boxes that apply: Are you proposing  new construction  remodeling  
 change in use  increased use or  other? Specify: \_\_\_\_\_
2. Please describe the proposed use or change for this property:  
\_\_\_\_\_

Please have the Local Plumbing Inspector at your town office verify that he/she has reviewed your proposal and has determined that: **A) the existing wastewater disposal system has the capacity required for your proposal; or, B) you have had a new or expanded wastewater disposal system designed, installed and inspected that will meet the requirements for proper wastewater disposal. Uses that increase wastewater disposal system design flows by more than 25%, including prior unapproved increases, must be installed at the time of expansion or change of ownership as required in Section 9 of the Maine Subsurface Wastewater Disposal Rules.**

**To be completed by the Local Plumbing Inspector:**

**MANDATORY: LPI please write in number of indoor/outdoor seats, rooms, campers and/or sites**

\_\_\_\_\_ OBD COMPLIANT (Y/N?) (If has an Overboard Discharge System for wastewater disposal, contact DEP

Compliance staff: <https://www.maine.gov/dep/water/wd/OBD/index.html>) \_\_\_\_\_ # Gallons Licensed to Discharge

(To request a record search for difficult to find permits please visit [www.mainepublichealth.gov/septic-systems](http://www.mainepublichealth.gov/septic-systems))

I, \_\_\_\_\_, the undersigned, have reviewed the proposal for the subject property and find that the property is either served by an existing wastewater disposal system that meets the design requirements for the proposed use or the applicant has submitted an application for an expanded system design (and installation if required by the Expansion section of the Rules) that meets the design requirements of the Rules and any relevant local ordinances for the proposed use.

LPI Signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix D

### Department Approved Blood Borne Pathogen Courses

1. **Eduwhere Online Compliance Training**  
[Eduwhere](#)
2. **Alliance of Professional Tattooists**  
<https://tattoosafety.org/>  
816-979-1300
3. **Above Training**  
[AboveTraining.com](#)  
Tel: (801) 494-1416  
fax: (801) 226-4315  
[support@abovetraining.com](mailto:support@abovetraining.com)
4. **Association of Professional Piercers**  
<https://www.safepiercing.org/>  
[+1.888.888.1277](tel:+18888881277)  
[info@safepiercing.org](mailto:info@safepiercing.org)
5. **Body Art Training Group**  
<https://www.bodyarttraininggroup.com>  
858-792-1630
6. **ProTrainings LLC Bloodborne for Body Art**  
<http://tattoo.probloodborne.com/>  
888-406-7487
7. **Cathy Montie Body Artist Training**  
<https://cathymontie.com/>  
619-303-5893  
619-742-8282

**\*\*\*See local hospitals or Red Cross as they may offer blood borne pathogen courses.**