



TOWN OF SAUGUS

BOARD OF HEALTH
298 CENTRAL STREET
SAUGUS, MASSACHUSETTS 01906



Public Health
Prevent. Promote. Protect.

Board of Health
David J. Greenbaum, RS
Director of Public Health

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BODY ART FACILITY PERMIT APPLICATION

APPLICANT INFORMATION

Facility Name: _____

Facility Address: _____

Telephone: _____ Fax: _____

Mailing Address (if different): _____

Facility Days and Hours of Operation: _____

Emergency Response Person:

Name: _____ Home Phone: _____

APPLICANT INFORMATION

Facility Applicant: _____

Address of Applicant: _____

Application Telephone: _____ E-Mail: _____

Name and Address of Facility Owner(s) (if different from applicant): _____

APPLICANT INFORMATION

If Corporation or Partnership, please list; name, title, and home address of officers or partners.

Name	Title	Home Address
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State of Incorporation: _____

LISTING OF BODY ART PRACTITIONERS

RUBBISH HAULER INFORMATION (ATTACH LAST INVOICE)

Name: _____

Telephone Number: _____

Address: _____

Frequency: _____

MEDICAL WASTE HAULER INFORMATION (ATTACH LAST INVOICE)

Name: _____

Telephone Number: _____

Address: _____

Frequency: _____

AUTHORIZATION

I herby certify, under the pains and penalties of perjury, that to the best of my knowledge, the information provided is complete and accurate and not misrepresented in anyway.

Signature

Date

Name and Title Print

Fee: \$250