



# TOWN OF SAUGUS

BOARD OF HEALTH  
298 CENTRAL STREET, SUITE9  
SAUGUS, MASSACHUSETTS 01906



**Public Health**  
Prevent. Promote. Protect.

Board of Health  
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Director of Public Health

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## BODY ART PRACTITIONER LICENCE RENEWAL APPLICATION

### APPLICANT INFORMATION

☐ Tattoo ☐ Pierce

Practitioner Name: \_\_\_\_\_

Practitioner Address: \_\_\_\_\_

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

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

Licensed Body Art Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

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

I hereby 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**