



TOWN OF SAUGUS

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



Public Health
Prevent. Promote. Protect.

Board of Health
John R. Fralick III, RS/REHS
Director of Public Health

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BODY ART PRACTITIONER PERMIT 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 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