



# TOWN OF SAUGUS

BOARD OF HEALTH  
298 CENTRAL STREET  
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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(781)-231-4117  
[jfralick@saugus-ma.gov](mailto:jfralick@saugus-ma.gov)

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## BODY ART FACILITY PERMIT APPLICATION

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### APPLICANT INFORMATION

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Facility Days and Hours of Operation:  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Response Person:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### APPLICANT INFORMATION

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Facility Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

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

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

### APPLICANT INFORMATION

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

Name	Title	Home Address
_____	_____	_____
_____	_____	_____

State of Incorporation: \_\_\_\_\_

**LISTING OF BODY ART PRACTITIONERS**

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**RUBBISH HAULER INFORMATION (ATTACH LAST INVOICE)**

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Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Frequency: \_\_\_\_\_

**MEDICAL WASTE HAULER INFORMATION (ATTACH LAST INVOICE)**

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Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Frequency: \_\_\_\_\_

**AUTHORIZATION**

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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**