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DIRECTOR

**CITY OF PEABODY  
DEPARTMENT OF HUMAN SERVICES**

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Board of Health  
BERNARD H. HOROWITZ,  
CHAIRMAN  
STEPHEN S. KALIVAS, R.PH.  
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**ATTACHMENT B to City of Peabody  
Board of Health Body Piercing Regulations**

**APPLICATION FOR PERMIT TO PERFORM BODY PIERCING**

1. Name of body piercer: \_\_\_\_\_

\_\_\_\_\_  
Address/City/State

\_\_\_\_\_  
Telephone

2. Name and address of establishment at which employed:

\_\_\_\_\_  
Name of Establishment

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address/City/State

3. Body Piercer date of birth: \_\_\_\_\_

4. Have you previously performed body piercing: \_\_\_\_\_

If yes, list establishments names and addresses at which piercing was performed:

Name	Telephone	Address/City/State

My signature below certifies that I have thoroughly reviewed the City of Peabody Board of Health Body Piercing Regulations, and that I fully comply with the contents therein. Attached hereto are: (1) A certified original birth certificate; (2) evidence (in the form of certified transcripts or original letter from approved providers) that all training requirements of Section 3.2.2.3 have been met, and (3) my non-refundable **application fee of \$100.00**.

Applicant:      Signature: \_\_\_\_\_

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