



**CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES**

**24 Lowell Street
Peabody, Massachusetts 01960
(978) 538-5926
Fax: (978) 538-5990**

**SHARON CAMERON
DIRECTOR**

**BOARD OF HEALTH
BERNARD H. HOROWITZ,
CHAIRMAN
STEPHEN S. KALIVAS, R.PH.
LEIGH ANN MANSBERGER, MD**

**Application for Permit to Operate a Body Tattooing Establishment
FEE \$300.00 – Payable to “CITY OF PEABODY”**

1. Name of establishment: _____

2. Address of establishment: _____

3. Telephone number of establishment: _____

4. Name of establishment owner: _____

Address and telephone number: _____

5. Number of Tattooing Establishments desired: _____

6. Number of licensed Body Tattoo Artist anticipated: _____

7. Will the owner designated above be the on-site manager? _____

If not, designate the name, address and telephone number of the manager:

8. Does the owner operate any other Body Tattooing Establishments?

If yes, list establishment's names and addresses:

9. Does the owner/operator plan to conduct the practice of Permanent Make-Up Application
(i.e. Micropigmentation) _____ Exclusively _____

My signature below certifies that I have thoroughly reviewed the City of Peabody Board of Health Body Tattooing Regulations, and that I comply fully with the contents therein. Enclosed herewith are my original certificate of extermination of the establishment premises, and my nonrefundable application fee of \$300.00.

Applicant: Signature _____

Name _____

Date _____

(continued next page)



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Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number or Federal Identification No.

Signature of Individual or Corporate Name

Corporate Officer (if applicable)

Date

Name and Address of Establishment
