

CITY OF PEABODY DEPARTMENT OF HEALTH AND HUMAN SERVICES

24 LOWELL STREET PEABODY, MASSACHUSETTS 01960 (978) 538-5926 FAX: (978) 538-5990

BOARD OF HEALTH

BERNARD H. HOROWITZ, CHAIRMAN THOMAS J. DURKIN III LEIGH ANN MANSBERGER, MD, MPH

ATTACHMENT B to City of Peabody Board of Health Body Piercing Regulations

APPLICATION FOR PERMIT TO PERFORM BODY PIERCING

Address/City/State				Telephone
Name and ac	ldress of establisl	hment at which e	employed:	
Name of Establishment				Telephone
Address/City/S				
Body Pierce	date of birth: _			
Have you pr	eviously perform	ed body piercing	:	
If yes, list es	tablishments nam	nes and addresses	s at which pierc	ing was performed:
Name		Telephone Address/City/State		y/State
Health Body nereto are: (1 ranscripts or	Piercing Regulat) A certified orig	ions, and that I for inal birth certific om approved pro	ully comply with ate; (2) evidence viders) that all	the City of Peabody Board of the contents therein. Attace (in the form of certified training requirements of Section fee of \$100.00.
Applicant:	Signature:			
	Name:			Date: