

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 THOMAS J. DURKIN III LEIGH ANN MANSBERGER, MD, MPH

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

APPLICATION FOR PERMIT TO OPERATE A BODY PIERCING ESTABLISHMENT

1.	Name of establishment:		
2.	Address of establishment:		
3.	Telephone number of establishments:		
4.	Name of establishment owner:		
	Address and telephone number of owner:		
5.	Number of Piercing Establishments desired:		
6.	Number of licensed Body Piercers anticipated:		
7.	Will the owner designated above be the on-site manager? If not, designate the name, address and telephone number of the manager:		
	NAME TELEPHONE ADDRESS/CITY/STATE		
8.	Does the owner operate any other Body Piercing establishments?		

If yes, list establishment's names and addresses:

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 comply with the contents therein. Enclosed herewith are my original certificate of extermination of the Establishment premises, and my non-refundable application fee of \$300.00.

Applicant: Signature:

Name:

Date: _____



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