

City of Lynn  
Board of Health

Application for Permit to Operate a Tattooing Establishment

1. Name of establishment: \_\_\_\_\_

2. Address of establishment: \_\_\_\_\_

3. Telephone number of establishment: \_\_\_\_\_

4. Name of establishment owner: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

\_\_\_\_\_

5. Will the owner designated above be the on-site manager? \_\_\_\_\_

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

\_\_\_\_\_

6. Does the owner operate any other Tattooing Establishments?

If yes, list establishment's names and addresses:

\_\_\_\_\_

\_\_\_\_\_

My signature below certifies that I have thoroughly reviewed the City of Lynn, Board of Health Tattooing Regulations, and that I comply fully with the contents therein. Attached hereto is my nonrefundable application fee of \$300.00.

Applicant: Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_