City of Lynn
Board of Health

Application for a Tattooing Practitioners Permit

1 Name of Tattooing Practitioner: _____

2. Date of Birth: _____

3. Gender: _____

4. Residence address: _____

5. Mailing address: _____

6. Phone number: _____

7. List of Training and/or Experience:

_____

_____

_____

_____

8. Documentation of training program or (or equivalent) provided? Yes ☐ No ☐

9. Name and address of Establishment(s) at which employed:

_____

_____

_____

10. Have you previously performed tattooing? Yes ☐ No ☐
If so, list establishment names and addresses at which tattooing was performed:

_____

_____

_____

My signature below certifies that I have thoroughly reviewed the City of Lynn Board of Health Body Tattooing 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 have been met, and {3} my non-refundable application fee of $100.00.

Applicant: Signature _____

Name _____

Date _____