



CITY OF LYNN

INSPECTIONAL SERVICES DEPARTMENT

Room 401, Lynn City Hall, Lynn, MA 01901 Tel: (781) 598-4000 Fax: (781) 477-7031

Application for Permission to Practice Tattoo/Body Art

___ Initial Application

___ Renewal Application

Date: _____

Name of Practitioner: _____

Name of Facility: _____

Address of Facility: _____

Telephone of Facility : _____

Owner's Name: _____

Owner's Address: _____

Owner's Telephone: _____ Owner's Email: _____

Type of Practitioner Permit

Tattoo _____ \$100.00 per Lynn Board of Health Regulation 2001

Body Art _____ \$100.00 per Lynn Board of Health Regulation 2001

Required Attachments:

___ Original Certified Birth Certificate (we will photo copy for you). Initial Applications Only

___ CPR Certificate

___ Blood Borne Pathogens Certificate

For office use only:

Date Paid: _____, Cash/Credit/Check _____, Clerk's Initials _____