Application for Permission to Operate a Tattoo and/or Body Art Establishment

Date:						
Name of Facility	:					
Address of Facili	ty:					
Telephone of Fa	cility :					
Owner's Name:						
Owner's Address	s:					
Owner's Telepho	one:					
Owner's Email (r	equired):					
*please note all pe	ermits will be emailed from	noreply@smar	tgovcommunity.con	<u>1</u>		
	actitioners and their curre					
Type of Facility	Tattoo Only	\$350.00 per Lynn Board of Health 3/10/20				
	Body Art Only	\$350.00 per Lynn Board of Health 3/10/20				
	Tattoo and Body Art	\$500.00 per Lynn Board of H		Health 3/10/20		
For office use on	ıly:					
Date Paid:	, Cash/Credit/Check			_, Clerk's Initials_		_