

RENEWAL
FEE: \$125/yr.

SPRINGFIELD HEALTH AND HUMAN SERVICES DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
311 STATE STREET SPRINGFIELD, MASSACHUSETTS 01105
PHONE: (413) 787-6740 FAX: (413) 787-6458



RENEWAL BODY ART ESTABLISHMENT APPLICATION FOR LICENSE

DATE: _____ **TELEPHONE #** _____

NAME OF ESTABLISHMENT: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TYPE OF BUSINESS: **PIERCING** **TATTOOING** **COSMETIC TATTOOING**
 OTHER (please describe) _____

NAME OF OWNER (print) _____

ADDRESS OF OWNER: _____

CITY: _____ **STATE:** _____ **ZIP** _____

SOCIAL SECURITY OR FEDERAL ID NUMBER: _____

NAME OF MANAGER, IF DIFFERENT THAN ABOVE: (print)

(print) BODY ART PRACTITIONER(S) WORKING AT THE ESTABLISHMENT:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

IF OWNERSHIP IS A PARTNERSHIP OR CORPORATION, PLEASE LIST NAME AND ADDRESS OF PARTNER(S) OR CORPORATE OFFICER(S): _____ **(print)**

SIGNATURE OF OWNER/PERSON FILLING OUT APPLICATION: _____

NAME/TITLE: _____

***make Business check or Money Order for \$125.00 payable to the City of Springfield and send with application to the above address.**

(permit is non-transferable)