



Department of Municipal Licenses and Inspections

Mary E. McGrath, R.S., Director
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Joseph C. Sullivan
Mayor

Ear Piercing Permit Renewal Application

1) Establishment Name:																																		
2) Establishment Address:																																		
3) Establishment Mailing Address (if different from location):																																		
4) Establishment Telephone No.:																																		
5) Owner's Name:																																		
6) Establishment Owned By: <input type="checkbox"/> A corporation Corporation Name: _____ State of Incorporation: _____ <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	12) If a corporation or partnership, give name, title, and residential address of officers or partners: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Title</th> <th style="text-align: left; border-bottom: 1px solid black;">Residential Address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Title	Residential Address																														
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**** PLEASE ATTACH A CURRENT LIST OF LICENSED EAR PIERCING PRACTITIONERS EMPLOYED IN THIS ESTABLISHMENT.**

I, the undersigned applicant, certify that all of the information contained in this application is true and correct.

Signature of Applicant: _____

Date: _____

Annual Permit Fees: Ear Piercing Establishment \$ 50.00.
Ear Piercing Practitioner \$ 30.00 (each employee)

Total Enclosed: _____