



TOWN OF SEEKONK BOARD OF HEALTH

This permit will expire December 31, 20_____

Fee: \$_____

APPLICATION FOR LICENSE

TO OPERATE AN ESTABLISHMENT FOR BODY PIERCING

I, _____ hereby apply to the Board of Health of the Town of Seekonk, Massachusetts for a license to operate an establishment for the giving of massage for hire or reward:

1. Name of Establishment: _____

2. Address of Establishment: _____

Email Address: _____

I agree to abide by all the rules and regulations pertaining to this type of establishment as promulgated from time by the Board of Health of the Town of Seekonk.

Signature of applicant

Address and phone #of applicant

Mass License # _____

Approved:

Chairman of the Board of Health

PLEASE COMPLETE FRONT & BACK OF APPLICATION

Pursuant to M.G.L. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and all state taxes required under law.

Social Security Number or
Federal Identification Number

Signature of Individual or Corporate Name

By:_____
Signature of Corporate Officer
(if applicable)