



# TOWN OF SEEKONK BOARD OF HEALTH

This permit will expire December 31, 20\_\_\_\_\_

Fee: \$ \_\_\_\_\_

## APPLICATION FOR LICENSE AS A BODY PIERCING PRACTITIONER

\_\_\_\_\_  
(Proposed Place of Employment)

\_\_\_\_\_  
(Address)

Hereby applies to the Board of Health of the Town of Seekonk for a license as a tattoo artist and or body piercing practitioner.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I certify that I am over 18 years of age or older Date of Birth \_\_\_\_\_

Driver's License State: \_\_\_\_\_ No. \_\_\_\_\_

I desire to practice \_\_\_\_\_

Education and Training \_\_\_\_\_

I certify that to the best of my knowledge, I am in good health and free of any communicable disease. I understand that any change in my health status or the development of any significant communicable disease must be reported to the Board of Health.

A copy of the following information must be supplied with the application:

Training Certificate: \_\_\_\_\_ CPR Certification: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Bloodborne Pathogens training: \_\_\_\_\_ Original Letters of Reference: \_\_\_\_\_

Hepatitis B Vaccination: \_\_\_\_\_

**PLEASE COMPLETE FRONT AND BACK OF APPLICATION**

Evidence of 2 years experience: \_\_\_\_\_

Have you ever been convicted of a felony:    yes \_\_\_\_\_    no \_\_\_\_\_

If yes nature of the felony: \_\_\_\_\_

Would you allow the Seekonk Board of Health performs a CORI Check on you? \_\_\_\_\_

I agree to abide by the rules and regulations of the Seekonk Board of Health.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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 Corporate Officer  
(if applicable)

Approved:

\_\_\_\_\_  
Chairman of the Board of Health

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