

# Town of Seekonk – Board of Health

Body Piercing Establishment \$150.00

Expires: December 31, 2017



<b>Establishment Information:</b>	
Name:	
Address:	
Phone Number:	

<b>Applicant Information:</b>	
Name:	
Address:	
City:	
State:	
Zip Code:	
Phone Number:	
Email:	
MA License #	
Social Security/FIN #	

### Required Documentation:

MA Workman's Comp Affidavit

I, \_\_\_\_\_ hereby apply to the Board of Health of the Town of Seekonk, Massachusetts for a license to operate an establishment for Body Piercing.

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

\_\_\_\_\_  
Signature of Individual or Corporate Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Corporate Officer (if applicable)

Office Use Only

Approved:

\_\_\_\_\_  
Signature – Chairman Board of Health