

Town of Seekonk – Board of Health

Body Piercing Practitioner \$100.00

Expires: December 31, 2017



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| <u>Establishment Information:</u> | |
| Name: | |
| Address: | |
| Phone Number: | |

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| <u>Applicant Information:</u> | |
| Name: | |
| Address: | |
| City: | |
| State: | |
| Zip Code: | |
| Phone Number: | |
| Email: | |
| MA License State & Number | |
| Social Security/FIN # | |
| Date of Birth: | |
| Have you ever been convicted of a felony? | |
| If yes, nature of felony: | |

Required Documentation:

- Training Certificate CPR Certification Blood Bourne Pathogen Training
 Hepatitis B Vaccination Letter of Reference Documentation of 2 Years of Experience

I, _____ hereby apply to the Board of Health of the Town of Seekonk, Massachusetts for a license to practice 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