



TOWN OF SEEKONK BOARD OF HEALTH

This permit will expire December 31, 20_____

Fee: \$ _____

APPLICATION FOR LICENSE AS A TATTOO ARTIST 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 of Corporate Officer
(if applicable)

Approved:

Chairman of the Board of Health
