



TOWN OF SEEKONK BOARD OF HEALTH

This permit will expire December 31, 2018

Fee: \$150.00

APPLICATION FOR LICENSE TO OPERATE AN ESTABLISHMENT FOR A TATTOO ESTABLISHMENT

I, _____ hereby apply to the Board of Health of the Town of Seekonk, Massachusetts for a license to operate an establishment for Body Art and Body Piercing:

1. Name of Establishment: _____
2. Email Address: _____
3. Address of Establishment: _____
4. Phone number of Establishment: _____
5. Name and Address of owner: _____

The following information will need to be submitted with the application:

- Occupancy Permit:
- Procedure to verify credentials:
- Procedure to maintain confidentiality:
- Procedure to deal with exposures (must include CFR 1910.1030):
- Procedure to address medical conditions that may harm and/or endanger the client:
- Aftercare instructions:
- Copy of consent form:
- Copy of consent process:
- Procedures regarding a client wanting to stop the procedure:
- Letters of reference for practitioners:
- Material Safety Data Sheets (MSDS):
- Biological Waste Plan:

PLEASE COMPLETE FRONT & BACK OF APPLICATION

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

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: _____
Corporate Officer (if applicable)

Approved:

Chairman of the Board of Health

APPROVED AT THE BOARD OF HEALTH MEETING OF _____

PERMIT # _____