



PERMIT NO. \_\_\_\_\_

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

Check payable to City of Concord

City of Concord  
Health Services Division  
37 Green Street  
Concord, New Hampshire 03301

**APPLICATION FOR TATTOO ARTIST/BODY PIERCING ESTABLISHMENT LICENSE**

Name of Establishment \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of Owner/Operator \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Proposed Days of Operation: \_\_\_\_\_

Proposed Hours of Operation: \_\_\_\_\_

Are you licensed in another Town or City?  Yes  No (If yes, please provide copy.)

**Provide copy of your State License**

Do you operate a separate mobile unit?  Yes  No (If yes, please supply photograph of the unit.)

Name of Biochemical \_\_\_\_\_ Phone \_\_\_\_\_

Waste Company Used: \_\_\_\_\_ No. \_\_\_\_\_

Address \_\_\_\_\_

Do you understand the Tattoo/Body Piercing Parlor Ordinance as written in Chapter 12, Article 13-8-1 to 13-8-12?  Yes  No

**ALL LICENSES EXPIRE ON APRIL 30<sup>TH</sup>. THIS LICENSE MAY BE SUSPENDED OR REVOKED ACCORDING TO CHAPTER 15, ARTICLE 15-10, GENERAL LICENSE ORDINANCE, OR MAY BE SUSPENDED OR REVOKED FOR VIOLATION OF ANY OF THE REQUIREMENTS OF THIS ORDINANCE.**

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

Approved \_\_\_\_\_ Date \_\_\_\_\_

Licensing Officer

**THIS LICENSE IS NOT TRANSFERABLE.**