

Return To: City of Concord
 Code Administration
 Health Services
 37 Green St
 Concord, NH 03301



Permit #: _____
 Check #: _____
Fee \$158.00
 Make checks payable to
CITY OF CONCORD

Application for Tattoo Artist/Body Piercing Establishment License

Applicant Information				
Establishment Name:		Phone:		
Email:				
Address:				
<i>Street Address</i>		<i>Unit #</i>		
Owner Name:		Phone:		
Address:				
<i>Street Address</i>		<i>Unit #</i>	<i>City/ State</i>	<i>ZIP Code</i>
Propose <u>Days</u> of Operation:				
Proposed <u>Hours</u> of Operation:				
Licensed in another Town or City? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you operate a separate mobile unit? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you understand the Tattoo/Body Piercing Estab. Ordinance as written in Chapter 12 Article 13-8-1 to 13-8-12 <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>If yes, provide copy of license</i>	<i>If yes, provide photograph of mobile unit</i>			
Name of Biochemical:		Phone:		
Waste Company:		Phone:		
Address:				
<i>Street</i>		<i>Unit #</i>	<i>City/State</i>	<i>ZIP Code</i>

License Expires on April 30th of Each Year

Disclaimer and Signature

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____

Print Name: _____

Approved: _____ Date: _____

Health & Licensing Officer

THIS LICENSE MAY BE SUSPECTED 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