

Return to:  
City of Concord  
Code Administration  
Health Services Division  
37 Green Street  
Concord, NH 03301  
603-225-8580



Permit #: \_\_\_\_\_

Fee: \$56.00

Make check payable to:  
**CITY OF CONCORD**

### APPLICATION FOR TATTOO ARTIST/BODY PIERCING LICENSE

Name of Artist: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_

SEX	AGE	HEIGHT	WEIGHT	COLOR HAIR	COLOR EYES
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Are you licensed in another Town or City?  Yes  No (If Yes, please provide copy of license.)

**Please provide a copy of your STATE LICENSE.**

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**

**THIS LICENSE IS NOT TRANSFERABLE**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's PRINTED Name: \_\_\_\_\_

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

Licensing Officer

**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.**

Revised: 7/1/15