

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



Permit #: _____

Fee: \$158.00

Make check payable to:
CITY OF CONCORD

APPLICATION FOR TATTOO ARTIST/BODY PIERCING ESTABLISHMENT LICENSE

Name of Establishment: _____ Phone: _____

Address: _____ State: ____ Zip Code: _____

Name of Owner/Operator: _____ Phone: _____

Home Address: _____ State: ____ Zip Code: _____

Proposed Days of Operation: _____

Proposed Hours of Operation: _____

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

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

Name of Biochemical: _____ Phone: _____

Waste Company used: _____ Phone: _____

Address: _____ State: ____ Zip Code: _____

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

Applicant's Signature: _____ Date: _____

Applicant's PRINTED Name: _____

Approved: _____ Date: _____

Health 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.