

APPLICATION FOR PERMIT

Application Date: _____

New Business

Renewal

Please print clearly and complete the following:

Applicant name: _____

Business name: _____

Business address: _____
Number Street

City State Zip

Business telephone: _(_____)_____

If applicant is a partnership – names, addresses and telephone of all partners:

1. _____
2. _____
3. _____
4. _____

If applicant is a Corporation – name, address and telephone of corporation:

Full name, address and telephone:

President: _____

Treasurer: _____

Clerk: _____

Number of employees: _____

Names and addresses of employees practicing body art at your establishment::

Body Art Establishment License Application

Application fee: **\$250.00**

Check payable to: **Town of Pembroke**

I / We, the undersigned, confirm that all employees working at this company who practice body art have a current license with the Town of Pembroke.

(Signature, Business Owner)

(Signature, Business Owner)

(Signature, Business Owner)

Applicant / Body Art Establishment Licensee Statement of Consent:

I understand that this establishment license expires on December 31 of this year. I understand that any notice required to be given by the Pembroke Board of Health to me may be given by mailing the notice to the establishent address of which I have notified the Pembroke Board of Health. I have received a copy of the Town of Pembroke, Massachusetts Regulations for Body Art and Tattooing TPR #124. I agree to abide by these regulations and procedures. I agree to have my Body Art Establishment License conspicuously posted within the establishment where I work.

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way.

Signature: _____ Date: _____

Name and Title: _____

Please print clearly