

**Body Art Establishment License Application**

Application fee: **\$250.00**

Check payable to: **Town of Pembroke**

**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. \_\_\_\_\_

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:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_

(Attach separate sheet if necessary)

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.

1. \_\_\_\_\_  
(Signature, Business Owner)

2. \_\_\_\_\_  
(Signature, Business Owner)

**(ATTACH SEPARATE SHEET IF NECESSARY)**

**Body Art Establishment License Application**Application fee: **\$250.00**Check payable to: **Town of Pembroke****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 establishment 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

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Please complete the tax certification form below and return it with this notice and your payment to the Board of Health, 100 Center Street, Pembroke, MA 02359. You may bring this notice to the office to pay for your license by December 20<sup>th</sup>. Completed permits will be mailed to the mailing address provided. The office is open from 8:30 a.m. to 7:00 p.m. on Mondays only, and Tuesday through Friday from 8:30 a.m. to 4:30 p.m. Please call the Board of Health at 781-293-2718 prior to visiting to verify current hours of operation.

**CERTIFICATION OF TAX PAYMENT**

I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED BY LAW.

\_\_\_\_\_  
Signature of Individual (**Mandatory**)\_\_\_\_\_  
By: Corporate Officer (**Mandatory** if Applicable)\_\_\_\_\_  
Social Security Number or Federal Identification Number

***Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquent taxes will be subject to license suspension or revocation. This request is made under the authority of M.G.L. Chapter 62C, Section 49A.***

***This license will not be renewed unless this certification clause is signed by the applicant.***