

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



Permit #: _____
 Check #: _____
Fee \$56.00
 Make checks payable to
CITY OF CONCORD
 Allow **seven (7)** days for
 processing

Application for Tattoo Artist/Body Piercing License

Applicant Information			
Artist Name:		Phone:	
Email:			
Artist Address:			
<i>Street Address</i>		<i>Unit #</i>	
<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
Gender:	Height:	Weight:	Hair Color:
Eye Color:	Identifying Marks:	Age:	
Licensed in another Town or City?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	I understand the Tattoo/Body Piercing Parlor Ordinance as written in Chapter 12 Article 13-8-1 to 13-8-12? YES <input type="checkbox"/>
NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
Owner/Operator :			
Email:		Phone:	
Address:			
<i>Street</i>		<i>Unit #</i>	<i>City/State</i>
			<i>ZIP Code</i>
Estab. Name:			
Email:		Phone:	
Estab. Address:			
<i>Street Address</i>		<i>Unit #</i>	

Additional Documents	
Provide a copy of your State License	YES <input type="checkbox"/> NO <input type="checkbox"/>
Bloodborne Pathogen Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>

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