



CITY OF FALL RIVER, MASSACHUSETTS

Inspectional Services Division

BOARD OF HEALTH

Permit Application for Body Piercing Establishment

FEE: \$350.00

PERMIT HOLDER:

Name of Establishment

Address: _____

Telephone: _____ Cell: _____

Owner of Establishment: _____

Residence Address: _____

Telephone: _____ Cell: _____

List Body Piercing Practitioner(s) working at this establishment:

Name Address

Name Address

Hours of Operation: _____ Days of week: _____

Autoclave Model No. _____ Year _____

Serial No. (where applicable) _____

The following must be included with the application:

1. Signed "Tax Certification Letter" from the City Collector
2. Payment of the current application fee by check or money order
3. A drawing of the floor plan of the proposed establishment to scale, if a new application
4. Signature of the acknowledgment:

Under pains and penalties of perjury, I hereby attest that all answers and information provided is true. I also hereby acknowledge that I have received, read and understood the requirements of the Fall River Board of Health Body Piercing Regulations.

Signature of Applicant

All permits shall expire December 31st following the date of issue and may be revoked for cause at any time by the Board of Health. Permits are non-transferable.

For Office Use Only:

Tax Certification complete Approval to issue license Initials of inspector _____ Date _____