CITY OF FALL RIVER, MASSACHUSETTS

Permit Application for Body Piercing Establishment

FEE: $350.00 LATE FEE: $100.00

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

_____ _____

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. A completed Tax Certification Form, signed by the City Collector (2nd Floor)
2. A completed and signed Worker's Compensation Insurance Affidavit
3. Payment of the current application fee by check or money order, payable to the City of Fall River
4. A drawing of the floor plan of the proposed establishment to scale, if a new application
5. 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 Date

All permits shall expire December on 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 _____