



# CITY OF FALL RIVER, MASSACHUSETTS

## Permit Application for Tattooing Establishment

FEE: \$350.00

LATE FEE: \$100.00

Name of Establishment \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Owner of Establishment: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

### List Tattooing Practitioner(s) working at this establishment:

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

Hours of Operation: \_\_\_\_\_ Days of Week: \_\_\_\_\_

Autoclave Manufacturer & 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 (2<sup>nd</sup> 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 Tattooing (Body Art) Regulations.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**All permits shall expire on December 31<sup>st</sup> 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 \_\_\_\_\_