



Date Received: \_\_\_\_\_

**Town of Seabrook NH  
Tattoo Artist License Application**

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Applicant for renewals shall be made to the Health Officer a minimum of thirty (30) days prior to the expiration of date of a valid establishment license.

APPLICATION FEE: \$ 125

APPLICATION NAME: \_\_\_\_\_

APPLICATION ADDRESS: \_\_\_\_\_

APPLICANT'S PHONE #: \_\_\_\_\_

APPLICANT'S DATE OF BIRTH: MONTH \_\_\_\_ DAY \_\_\_\_ YEAR \_\_\_\_\_

THE APPLICANT SHALL PROVIDE THE FOLLOWING AT THE TIME OF APPLICATION:

1. A statement as to the experience the applicant has had in performing tattooing or tattooing of permanent make-up, including apprenticeship served, or the license held with a copy of such license attached; and
2. A listing of the type of procedures the applicant intends to perform; and
3. A statement signed by a licensed physician, licensed advance registered nurse practitioner or licensed physician's assistant stating that they have examined the applicant no more than ninety (90) days prior to the submission of the application and found him/her to be in good mental and physical health; and
4. A two-inch by two-inch signed passport photograph or an equivalent identification of the application.

I/WE AGREE TO CONFORM TO ALL STATE AND LOCAL RULES AND REGULATIONS THAT ARE NOW IN EFFECT OR ARE SUBSEQUENTLY ENACTED TO AUTHORIZE AND PERMIT SUCH INSPECTIONS AS MY BE DEEMED NECESSARY BY THE HEALTH OFFICER.

APPLICANT'S SIGNATURE: \_\_\_\_\_