



Date Received: _____

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

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: \$ 250

OWNER'S NAME: _____

NAME OF ESTABLISHMENT: _____

ESTABLISHMENT ADDRESS: _____

MAILING ADDRESS: _____

OWNER'S TELEPHONE NUMBER: _____

ESTABLISHMENT TELEPHONE NUMBER: _____

NAME, ADDRESS AND COPY OF CURRENT LICENSE OF ALL TATTOO PRACTITIONERS WHO WORK AT THIS ESTABLISHMENT:

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.

OWNER'S SIGNATURE: _____

INITIAL INSPECTION OF EXISTING BUSINESSES WITH A CURRENT HEALTH PERMIT SHALL BE ALLOWED NINETY (90) DAYS FROM THE DATE INSPECTION TO COMPLY WITH SECTIONS 239-9 & 238-13 OF THE TOWN OF SEABROOK, NH TATTOO ORDINANCE.