

**TOWN OF WEYMOUTH  
BOARD OF LICENSE COMMISSIONERS  
APPLICATION FOR A BODY ART ESTABLISHMENT LICENSE**

The undersigned makes application for a Body Art Establishment License, under the provisions of an Ordinance of the Town of Weymouth, with the privilege of doing business on Sunday, to be exercised on the following described premises, to wit:

1. Business address \_\_\_\_\_

2. Dimensions of location \_\_\_\_\_

NOTE: The rules of the Board of License Commissioners requires that the license, if granted, cannot be transferred or sold without the consent of the Board of License Commissioners.

3. Hours of operation \_\_\_\_\_

4. Type of body art techniques \_\_\_\_\_

5. INDIVIDUAL/PARTNERSHIP

6. Name(s) \_\_\_\_\_

Address(es) \_\_\_\_\_ Home Tel. \_\_\_\_\_

\_\_\_\_\_

7. CORPORATION

Name(s) \_\_\_\_\_

Address(es) \_\_\_\_\_ Home Tel. \_\_\_\_\_

\_\_\_\_\_

8. BUSINESS NAME \_\_\_\_\_ Bus. Tel. \_\_\_\_\_

9. TRASH REMOVAL PLAN \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name & Title

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

**TOWN OF WEYMOUTH  
BOARD OF LICENSE COMMISSIONERS  
APPLICATION FOR A BODY ART PRACTITIONER LICENSE**

The undersigned makes application for a Body Art Practitioner License, under the provisions of an Ordinance of the Town of Weymouth, with the privilege of doing business on Sunday, to be exercised on the following described premises, to wit:

1. Business address \_\_\_\_\_

NOTE: The rules of the Board of License Commissioners requires that the license, if granted, cannot be transferred or sold without the consent of the Board of License Commissioners.

2. Type of body art techniques \_\_\_\_\_

**APPLICANT'S INFORMATION:**

3. Name \_\_\_\_\_

4. Address \_\_\_\_\_

5. Home Tel. \_\_\_\_\_

6. Education: \_\_\_\_\_

\_\_\_\_\_

7. Credentials: \_\_\_\_\_

\_\_\_\_\_

8. Previous Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name & Title

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

**TOWN OF WEYMOUTH  
BOARD OF LICENSE COMMISSIONERS**

**CRIMINAL OFFENDER'S RECORD INFORMATION (C.O.R.I.) APPLICATION**

The Town of Weymouth has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As a license applicant, I understand that a criminal record check will be conducted for conviction and pending criminal case information. The information below is correct to the best of my knowledge.

Applicant by:

\_\_\_\_\_  
Duly Authorized

**APPLICANT INFORMATION**  
(Please Print)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
RACE

\_\_\_\_\_  
SEX

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

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REQUESTED BY \_\_\_\_\_  
CORI AUTHORIZED EMPLOYEE/S

RECORD ATTACHED \_\_\_\_\_ NO RECORD \_\_\_\_\_