

Portsmouth Health Department
Environmental Health Services
1701 High Street, 4th Floor
Portsmouth, VA 23704
(757) 393-8585 Ext. 8585 FAX: (757) 393-8027



BODY ART ESTABLISHMENT PERMIT APPLICATION

I/we hereby make application to the Portsmouth Health Department for a permit to operate a:

√ Check Only One

Tattoo (only) Studio Body-Piercing (only) Studio Body Art (both tattoo & piercing) Studio

√ Check Only One

New Establishment Change of Ownership Annual Renewal Other (explain) _____

Establishment Name: _____

Address: _____ Portsmouth, VA Zip: _____

Months of Operation: Year round Seasonal _____ thru _____

Days of Operation: _____ Hours of Operation: _____

Phone: () _____ Fax: _____ E-Mail Address: _____

√ Check Only One

Ownership is by: Individual Corporation Partnership Association Other _____

Owner's/Corp. Name (As appears on business license): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Operator's/Manager's Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Emergency Phone Number (required): _____ E-Mail _____

I/we attest to the accuracy of the information provided, affirm to comply with the Regulations of the Health Department and understand that after issuance of the Health Department permit requested, the Commissioner of Health or his/her authorized representative(s) shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests, or collect samples as required/needed. I/we further agree to accept notices issued and served by the regulatory authority.

Signature of applicant or person authorized by applicant to sign this application

Signature: _____ Title: _____ Date: _____

Print Name: _____ Phone: () _____