



**Portsmouth Health Department**  
**Division of Environmental Health**  
 1701 High St  
 Portsmouth, VA 23704  
 (757) 393-8585, Ext 8585; Fax (757) 393-8027

Office Records  
 Date Received: \_\_\_\_\_  
 \$1,500 Annual Permit:

## Body Art Establishment Permit Application

**\*\* Please fill out application entirely. \*\***

Application fee \$1,500; Make checks payable to *Portsmouth Health Department*.

**Purpose:**  New Establishment  Renewal  Name Change  Owner/Corporation Change

**Name of Establishment:** \_\_\_\_\_  
 Facility Address: \_\_\_\_\_ Suite # \_\_\_\_\_  
 Facility Phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**Establishment owner is a/an:**  Association  Corporation  Individual  Partnership  Other Legal Entity

**Association, Corporation, Partnership name:** \_\_\_\_\_

**Hours of Operation:** Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**Months of Operation:**  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

**Water Supply: (check appropriate box)**  Public- Name \_\_\_\_\_ or  Private- Type \_\_\_\_\_

**Sewage: (check appropriate box)**  Public- Name \_\_\_\_\_ or  Private- Type \_\_\_\_\_

**It is the facility's responsibility to maintain records of all required documents for each artist to be reviewed by the inspector.**

**Please list the names of all practicing artists, apprentices, and students at the establishment.**


I/we attest to the accuracy of the information provided, affirm to comply with the City of Portsmouth Code of Ordinances, Chapter 3, Article III, and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Applicant's Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use:**  
 Environmental Health Spec: \_\_\_\_\_ Issue Date: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

5/26