VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH
OFFICE OF ENVIRONMENTAL HEALTH
4452 Corporation Lane, Virginia Beach, VA 23462
TEL. (757) 518-2700 Opt. 3 FAX (757) 518-2642

APPLICATION FOR TATTOO PARLOR/BODY PIERCING ESTABLISHMENT 2022

THIS IS NOT A PERMIT TO OPERATE. PERMITS MUST BE RENEWED ANNUALLY.
ATTACH THE $1,200.00 FEE. PLEASE ALLOW FIVE (5) BUSINESS DAYS BEFORE CALLING FOR AN INSPECTION.

******** A COPY OF YOUR 2022 BUSINESS LICENSE MUST BE SUBMITTED TO THE HEALTH DEPARTMENT BY FEBRUARY 28, 2022*********

☐New ☐Renewal ☐Existing Shop– Former Name: _________________

TYPE OF OPERATION: ☐Tattoo ☐Body Piercing

Establishment Name: ______________________________

Address: ______________________________ Establishment Phone: ___________________

Billing Address (If Different From Above) ______________________________

TAX ID or S.S.N: _______________ DPOR License #: _________________ Expiration Date: _________________

Is this establishment located in a shopping center: ☐Yes ☐No

If yes, name of shopping center: ______________________________

Days of Week: M T W T F S S Hours of Operation ___________________

Type of Water/Sewage Supply: ☐Well Water (PWSID # _______________) ☐City Water
☐Septic System ☐City Sewage

Name of Owner/Corporation/LLC: ______________________________

Address: ______________________________

Phone #: ______________________________ EMAIL: ______________________________

I understand that a fee of $1,200.00 for EACH type of operation must accompany this application (e.g. a total of $2,400.00 if operation consists of tattoo and body piercing).

I/we attest to the accuracy of the information provided, affirm to comply with the Regulations of the Health Department and understand that after the requested Permit is issued, the Commissioner of Health or their 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. Please note that this office reserves the right to deny the application if not properly completed or facility not in compliance with the Virginia Beach City ordinance.

______________________ ______________________ ______________
Name of Owner/Operator Signature of Owner/Operator Date

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HD USE ONLY: Encounter # ___________ ☐Cash Check # ____________ Card Approval # _____________
Permit #: __________ EHS: _________________ Rev. 12/2021

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