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 HAIR, NAILS & TANNING SERVICE PERMIT 2023

THIS IS NOT A PERMIT TO OPERATE. PLEASE ALLOW FIVE (5) BUSINESS DAYS WHEN CALLING FOR INSPECTION.
ATTACH THE $30.00 FEE.

******** A COPY OF YOUR BUSINESS LICENSE MUST BE ATTACHED TO THIS APPLICATION ********
******** APPLICATION WILL BE RETURNED IF NOT FULLY COMPLETED. ********

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

TYPE OF OPERATION: ☐Hair Dressing ☐Barber ☐Nail ☐Tanning

Establishment Name: _____ TAX ID # or S.S.N.: _____
Address: _____ Establishment Phone: _____

Billing Address (If Different From Above) _____

DPOR License #: _____ Expiration: _____

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: _____

ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE

I understand that a fee of $30.00 for EACH type of operation must accompany this application (e.g. a total of $60.00 if operation consists of hair salon and tanning bed).

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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