



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 2023

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 2023 BUSINESS LICENSE MUST BE SUBMITTED TO THE HEALTH DEPARTMENT BY FEBRUARY 28, 2023*******

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).

ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.

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 _____

HD USE ONLY:	Encounter # _____	<input type="checkbox"/> Cash	Check # _____	Card Approval # _____
	Permit #: _____	EHS: _____		
