



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

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 2025 TAX STATEMENT OR BUSINESS LICENSE MUST BE SUBMITTED TO THE  
HEALTH DEPARTMENT\*\*\*\*\***

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 # \_\_\_\_\_       Cash      Check # \_\_\_\_\_      Card Approval # \_\_\_\_\_  
Permit #: \_\_\_\_\_      EHS: \_\_\_\_\_      Rev. 06/2023  
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