



APPLICATION FOR BODY ART FACILITY PLAN REVIEW

THIS SECTION TO BE COMPLETED BY APPLICANT			
BUSINESS INFORMATION			
Facility Name:	Facility Phone Number:	Date:	
Address:	City:	State:	Zip:
Owner:	Email:	Phone Number:	
APPLICANT INFORMATION			
Check Most Appropriate: Owner Contract/Architect Designer Other:			
Contact Person:		Phone Number:	
Business:		Fax Number:	
Address:	City:	State:	Zip:
Facility Information: New Existing Transfer Ownership		Type: Permanent Mobile	
Type of Activities: Tattoo Body Piercing Permanent Cosmetics Branding			
Former Business Name (if applicable):			
Description of Remodel (if applicable):			
Additional Information (optional):			
For Office Use Only			
Preliminary Reject:	Plans Reviewed By:	Date:	
Floor Plans Approved: Yes No With Corrections			
Infection Prevention and Control Plan (Method of Operation) Approved: Yes No With Corrections			
Violations must be corrected <i>prior</i> to permit issuance. Plans are valid for up to two years from this date, after which plans are void.			
Notes:			
Fee:	FA Number:	Record ID:	PE Number:
Late Fee: Y N	Designated Employee:		Received By:
Date:	Check One: New Transfer Reactivate		
Changes (specify):			