

CONNECTICUT RIVER AREA HEALTH DISTRICT

455 Boston Post Road, Suite 7, Old Saybrook, CT 06475

Tel: (860) 661-3300 Fax: (860) 661-3333

APPLICATION TO OPERATE A TATTOO OR BODY PIERCING ESTABLISHMENT

Date: _____

Fee: \$ _____

Business Name: _____ Phone: () _____

Business Address: _____ Town: _____

Mailing Address: _____ Town: _____ Zip: _____

SERVICES OFFERED: check all that apply: Tattoo Body Piercing Other(specify) _____

Type of Ownership: check all that apply: Individual Partnership, Type: _____ LLC Company Corporation
 Trust Estate Other, Specify: _____

List Information for all applicants below, use additional sheet if necessary

Name: _____ Phone: _____

Home Address: _____ Town: _____ Zip: _____

Name: _____ Phone: _____

Home Address: _____ Town: _____ Zip: _____

Name: _____ Phone: _____

Home Address: _____ Town: _____ Zip: _____

Name: _____ Phone: _____

Home Address: _____ Town: _____ Zip: _____

| <u>TATTOO AND BODY PIERCING ESTABLISHMENTS</u> | FEE |
|--|--------------------|
| License application | \$200.00 |
| Temporary License Application | \$100.00 |
| Plan Review Application | \$100.00 |
| Returned Check | \$25.00 |
| Late submittal/payment | \$10.00/day |

I attest that the information supplied on this application is accurate and correct. I understand that the license may not be issued or, after issuance, may be suspended, revoked, or not renewed for non-compliance with the Connecticut River Area Health District Tattoo and Body Piercing Code and/or the *Connecticut Public Health Code*.

Signature and Title (Duly Authorized representative)

Date

Type or Print name

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Number of Tattoo or Body Piercing Stations: _____

Provide a Complete description of services provided:

YOU MUST PROVIDE WITH THIS APPLICATION:

1. Name, home address, phone number and proof of state licensure of each Tattoo technician working in the establishment
2. Name, home address, phone number and proof of state licensure of each Body Piercer, or if not licensed as a Tattoo technician, proof of blood borne pathogen training
3. Complete list of names of all additional employees and their exact duties
4. An inventory of equipment to be utilized in the tattoo/piercing operation
5. A copy of your aftercare instructions given to clients
6. A copy of the informed consent form that each client must sign
7. Written protocol for needle-stick accidents
8. Name and contact information for independent testing agency

Hours & Days of Operation:

HEALTH ALERT NETWORK

To receive health alert notifications, please provide:

fax number(____) _____ E-mail address _____

For all **new establishments, or **existing establishments undergoing substantial renovation**, the following town officials must sign this application prior to permitting your establishment:

Zoning Officer: _____ date: Signature

Building Official: _____ date: Signature

Fire Marshal: _____ date: Signature

CRAHD: _____ date: Signature