



CITY OF HARTFORD



DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Environmental Health Division
 131 Coventry Street
 Hartford, Connecticut 06112
 Telephone: (860) 757-4760 Fax: (860) 722-6677
 www.hartford.gov

BODY ARTS FACILITY PERMIT APPLICATION

Date _____ License Number _____

Business Name _____ E-Mail _____

Address _____ Telephone _____

_____ Fax _____

Owner's Name _____ Telephone _____

Home Address _____ E-Mail _____ Cell Phone _____

Partnership? _____ Corporation? _____

List ALL Partners or Corporate Officers:

Name	Office Held	Phone	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Days of Operation: _____ Hours of Operation? _____

List ALL Services To Be Provided:

List Employee Names	Address	Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____

For Health & Human Services Department Use: Do Not Write Below This Line

Date Floor Plan Submitted to Environmental Health Division? _____ Date Approved _____

Approval Sent to L & I? _____ Date _____

Pass Pre-Opening Inspection? _____ Date _____

Sanitarian _____ Number _____

Permit Number _____ Date of Issue _____