



CITY OF HARTFORD
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Environmental Health Division
 131 Coventry Street
 Hartford, Connecticut 06112
 Ph: (860) 757-4760 Fax: (860) 722-6851
 www.hartford.gov



TEMPORARY PERMIT FOR BODY ARTISTS APPLICATION

This permit only authorizes the bearer to practice body arts in the City of Hartford only for the dates, times and event participating in.

Temporary Event Name: _____ **Event Date(s):** _____

Check duties: **Tattoo/Body Artist** **Body Piercing** **Both** _____

Artist – Last Name	First Name
Home Address:	
Telephone: (home)	E-mail:
(business)	
Website:	Facebook:
Professional Body Arts License <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach copy of your professional license)	
Driver's License or Photo Identification with date of birth: (attach copy) License #	
Name of Body Arts Business:	
Training requirements related to Body Arts Safety and Best Practice. Please record dates below and submit copies of the following records.	
1. Universal Precautions and Blood Borne Pathogens Training	
2. Record of Hep B Vaccination or personal statement regarding vaccination or refusal	
<p><i>I certify that all the above information is true and correct, and I understand any falsification of any information is cause for denial to participate in the Temporary Tattoo and/or Body Arts event. I agree to report any change in my work location or my duties promptly to the Hartford Department of Health and Human Services. I understand that I cannot practice my art in Hartford except at the event and times noted above.</i></p>	
Signature: _____	Date: _____

For Dept. of Health Use Only

Date application received:	Application Reviewed by:
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