



# CITY OF HARTFORD



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Environmental Health Division  
 131 Coventry Street  
 Hartford, Connecticut 06112  
 Telephone: (860) 543-8816  
 Fax: (860) 543-8898  
 www.hartford.gov

**EDDIE A. PEREZ**  
 Mayor

**CARLOS RIVERA**  
 Director

## 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 \_\_\_\_\_