



CITY OF HARTFORD



EDDIE A. PEREZ
Mayor

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Environmental Health Division
131 Coventry Street
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www.hartford.gov

CARLOS RIVERA
Director

APPLICATION FOR BODY ARTS LICENSURE

Date _____

Your Name _____

Your Home Address _____

Social Security Number _____ - _____ - _____ CT License MVD# _____

Home Phone _____ Fax _____ E-Mail _____

Place of Employment _____

Address _____

Work Phone _____ Fax _____ E-Mail _____

Please List Your Duties _____

Have you received Hepatitis B Series _____ Year? _____

Tuberculosis Screen _____ Year? _____

Date of Health & Human Services Department Written Examination _____

Check License(s) Applied For:

Tattoo

Piercing

Both

I certify that all the above information is true and correct, and I understand any falsification of any information is cause for denial or revocation of my license. I understand that my license must be renewed every three years, and that my certificate must be prominently displayed at all times while engaged in the practice of my art. I will report any change in my work location or my duties promptly to the Health & Human Services Department. I understand that I cannot practice my art in Hartford except in a facility duly permitted by the Health & Human Services Department.

Signature _____

Date _____

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

Employment Confirmed _____ Date _____

Type of Photo Identification _____ Date of Birth _____

Identification Number _____

Date Approval Forwarded to Licenses & Inspection _____

License Number _____ Date of Issue _____

Sanitarian _____ Number _____

Fee Paid _____

Date _____