



Application for Tattoo and Body Piercing Facility
 City of Plano, Health Department
 P.O. Box 860358
 Plano, Tx 75086-0358
 Phone: (972) 941-7143 Fax (972) 941-7142

NEW _____

RENEWAL _____

Facility may not open for business until certificate of occupancy has been issued from the building inspection department. Fully completed application must accompany payment before a permit is issued.

ANNUAL PERMIT FEE: \$200.00 DATE: _____ DATE OPEN FOR BUSINESS: _____

BUSINESS NAME: _____ MANAGER'S NAME: _____

BUSINESS PHYSICAL ADDRESS: _____ ZIP CODE: _____

BUSINESS PHONE: _____ FAX NO.: _____ EMAIL: _____

RENEWAL/BILLING ADDRESS: _____ ZIP CODE: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

OWNERS'S NAME and ADDRESS _____
 (if different than manager)

STATE PERMIT # /LICENSE #: _____ EXPIRATION DATE _____

LIST EMPLOYEES AND CERTIFICATIONS

_____	_____
_____	_____
_____	_____
_____	_____

TYPE OF FACILITY

- TATTOO
- BODY PIERCING
- TATTOO AND BODY PIERCING
- DR'S. OFFICE
- HEALTH SPA
- SALON/STUDIO

APPLICANT'S SIGNATURE: _____

Note: Expiration of Health Permit Subjects Facility to immediate closure.

This portion completed by Health Department

Permit #: _____ Expiration Date: _____ Payment Date: _____

Receipt #: _____ Check #/Cash: _____ Change of Ownership: _____

Inspector: _____ Inspection Date: _____

Health Authority Signature: _____