



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

APPLICATION TO OPERATE A TATTOO ESTABLISHMENT

Please print or type the information requested below and return to the office listed above to facilitate the issuance of a permit as required by Chapter 35 of the Fairfax County Code. The name of the establishment and the name of the owner must be listed exactly as it appears on your business licenses. **PERMITS ARE NOT TRANSFERABLE.**

NEW	RENEWAL	NAME CHANGE	CHANGE OF OWNERSHIP	
ESTABLISHMENT NAME			PHONE	
ESTABLISHMENT ADDRESS			CITY	ZIP
MAILING NAME			PHONE	
MAILING ADDRESS			CITY	ZIP
OWNER'S NAME			PHONE	
OWNER'S ADDRESS			CITY	ZIP
SIGNATURE			PHONE	

(Office Use Only)

TYPE OF WATER SUPPLY: PUBLIC _____ PRIVATE _____

TYPE OF SEWAGE SYSTEM: PUBLIC _____ PRIVATE _____

RESTRICTIONS:

I HAVE CHECKED AND VERIFIED THE INFORMATION LISTED ABOVE AND RECOMMEND THAT A PERMIT BE ISSUED SUBJECT TO ANY RESTRICTIONS LISTED ABOVE.

DATE PERMIT ISSUED _____ DATE PERMIT EXPIRES _____

EHS SIGNATURE _____ DATE _____

Fairfax County Health Department

Division of Environmental Health

10777 Main Street, Suite 102, Fairfax, VA 22030

Phone: 703-246-2201 TTY: 711 Fax: 703-653-9448

www.fairfaxcounty.gov/hd

