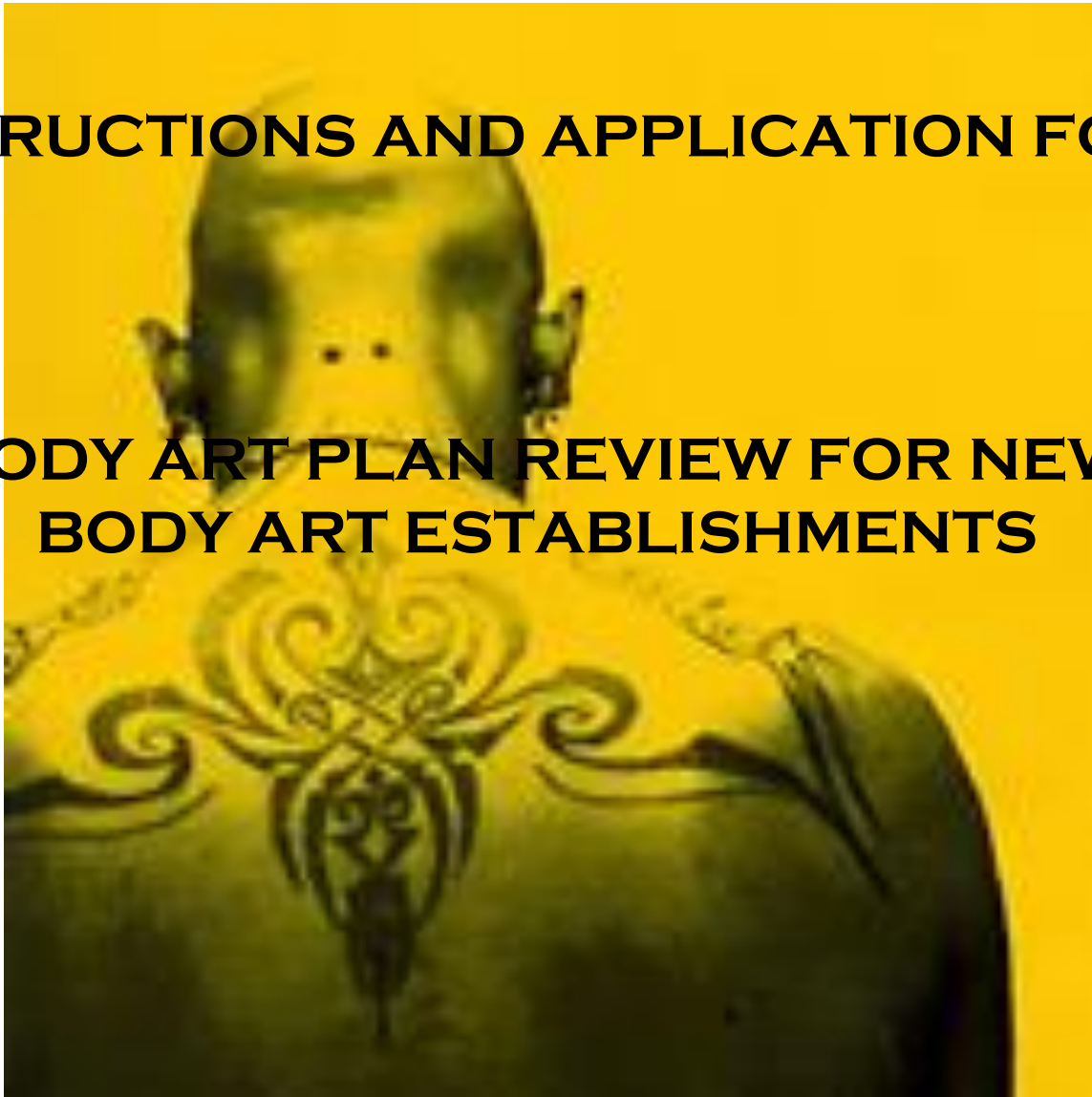


INSTRUCTIONS AND APPLICATION FORM

BODY ART PLAN REVIEW FOR NEW BODY ART ESTABLISHMENTS



[IMAGE SOURCE](#)

OFFICE OF ENVIRONMENTAL ENGINEERING
PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH
321 UNIVERSITY AVENUE, 2ND FLOOR
PHILADELPHIA, PA 19104
(215) 685 - 7342

[HTTP://WWW.PHILA.GOV/HEALTH/ENVIRONMENT/TATTOO.HTML](http://www.phila.gov/health/environment/tattoo.html)
HEALTH.BODYART@PHILA.GOV

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**Office of Environmental Engineering
321 University Avenue, 2nd Floor
Philadelphia, PA 19104**

<http://www.phila.gov/health/environment/tattoo.html>

Welcome! The City of Philadelphia is excited to welcome your body art business to the City. These instructions are designed to help guide you through the process of completing the required plan review application for a body art establishment.

As a body art business owner, you are required to submit a Body Art Establishment Plan Review Application and all related attachments to the Office of Environmental Engineering, Philadelphia Department of Public Health (PDPH). The PDPH will evaluate the submitted materials for compliance with the City's [Regulations Governing Operation and Conduct of Tattoo and Body Piercing Establishments](#).

Your Body Art Establishment Plan Review Application should be submitted AFTER zoning has been approved but BEFORE beginning construction that is covered in the plan review (e.g., modification of the interior or installation of equipment). You may incur additional fees if you begin construction before receiving plan review approval.

The plan review process has been designed to help body art establishment owners. Plan review not only provides the PDPH with required information, but it also can identify potential problems while still on paper and help to prevent costly modifications later. Issues for plan review include, but are not limited to: site and floor plans, equipment and specifications, ventilation, plumbing and electric, restroom facilities, and surface finishes. A checklist of all required information and attachments can be found on page 16.

NOTE: All body art establishments in Philadelphia must conform to all applicable local or state agency codes or requirements, e.g.: PA Department of Labor and Industry, PA Department of Environmental Protection, Philadelphia Zoning, Building or Plumbing Codes. A checklist of potential required information from other Departments can be found on page 15.

For more information, please call or visit:

Office of Environmental Engineering
Philadelphia Department of Public Health
321 University Avenue, 2nd Floor
Philadelphia, PA 19104
(215) 685-7342
<http://www.phila.gov/health/environment/tattoo.html>
Health.BodyArt@Phila.gov

Monday-Friday, 9 am - 3 pm

Where to Submit a Completed Plan Review Application

You may submit the Body Art Establishment Plan Review Application in person or by mail. **Required fees should be submitted when you submit the application.** The Office of Environmental Engineering will conduct a preliminary review of your application and mail or email (upon request) you if additional information is required.

After your completed application is received and reviewed, the Department of Public Health will notify you of a decision in 30 business days.

If your application is approved, you will receive instructions on how to schedule an inspection. Most inspections can be scheduled within 10 business days.

A pre-operating inspection of your body art establishment will confirm your final construction matches your approved plan review application and the City of Philadelphia certified body art artist on site is well-versed in universal precautions and the Philadelphia body art regulations.

NOTE: In order to pass the pre-operating inspection, a person with an original City of Philadelphia Body Art Artist Certificate must be present during the entire pre-operating inspection. The certificate and the person's ID must be available for the inspector.

At the end of the inspection, your inspector will sit down with you to review your inspection report.

If you PASS the inspection, you will receive a City of Philadelphia Body Art Establishment Certificate from the Philadelphia Department of Public Health. You must have a body art establishment certificate issued by the Philadelphia Department of Public Health before you can open your business to the public.

If you FAIL the inspection, you will need to make the required corrections and schedule another inspection by calling the office. The Philadelphia Department of Public Health will make every effort to come out promptly for a re-inspection. Once you pass the re-inspection, you will receive a City of Philadelphia Body Art Establishment Certificate.

If your application is missing information needed for approval, you will be notified and have 30 business days in which to respond.

Submit your plan either by mail or in person:

Office of Environmental Engineering
Philadelphia Department of Public Health
321 University Avenue, 2nd Floor
Philadelphia, PA 19104

Fee Schedule

Applicants should submit payment along with the required Plan Review Application to the Department of Public Health.

A. Required Fees:

1. **Plan Review fee:** A fee of \$255.00 for new construction or renovations.

B. Other Fees (if required):

1. **Expedited Plan Review and Inspection fee:** If you want to request an expedited review and inspection, bring your application form and all required materials to the Office of Environmental Engineering. There is an expediting fee of \$315.00 in addition to the plan review fee of \$255.00. You must have all required materials and pay by cashier's check, money order, or online credit card payment before review can begin. Your review and inspection will be completed within 10 business days.
2. **Post construction fee:** An added fee of \$250.00 will be assessed for establishments that have begun installing/operating equipment or otherwise beginning interior modification before submitting plans to the Philadelphia Department of Public Health. This fee is in addition to the plan review fee and standard inspection fee of \$255.00.

NEW! You can now pay your plan review fees online with a credit card. You will need an email address, a daytime phone number, your invoice number, and the amount owed. To learn more, call (215) 685-7342.

Plan Review Instructions For Body Art Establishments

This section details the attachments required as part of your plan review submission. Required attachments include both narrative and drawings, as indicated below. Plans must be clear, concise, legible, to scale, and be of such size as to enable all information to be clearly shown. No free hand drawings will be accepted. The following are required:

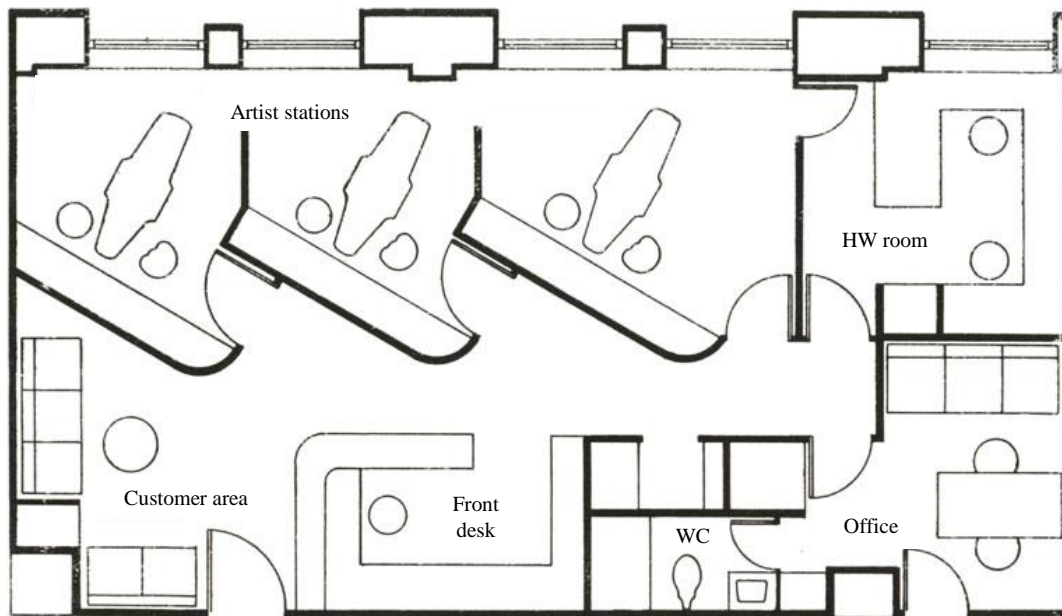
Facility Plan

Submit an accurately scaled floor plan of the facility showing all areas including:

- Customer/waiting area
- Body art stations
- Sterilization room
- Toilet room(s)
- Basement/utilities area
- Refuse storage area
- Other

Also include the location of all equipment, including handsinks for body art artists, infectious waste storage, etc.

Sample partial floor plan (incomplete)



1. Structural Facility Information

All tattoo/body piercing establishment shall be completely separated by solid partitions, or by walls extending from floor to ceiling, from any rooms used for human habitation, a food establishment or room where food is prepared, a hair salon, retail sale, or other such activity which may cause potential contamination of work surfaces.

Floors shall be constructed of approved materials so as to be durable, easily cleanable, and free of open holes or cracks and shall be kept clean and in good repair. Carpeting or other porous floor coverings are not permitted in the service areas of the establishment. The juncture between the floor and the wall shall be closed and coved to permit effective cleaning.

Walls and partitions in service areas shall be easily cleanable and kept in good repair. Walls, partitions, ceilings, cabinets, shelves, drawers, furniture, fixtures, and all other equipment and appurtenances shall be easily cleanable and kept clean and finished in a color that will not conceal the presence of soil.

Submit structural facility information that includes the surface finish details: Indicate the surface finishes selected, including the colors of materials used on all surfaces (walls, floors, ceilings, cove molding, and custom-built counters). The "Surface Finish Detail Schedule" form included in this application may be used for this purpose (SCHEDULE A).

Sample Surface Finish Detail Schedule

| Room/Area | Floors | Coved Base | Walls | Ceiling | Lighting |
|---------------------------|----------------------------------|-------------------|--|------------------------------------|-------------------|
| Artist Area | Gray epoxy painted cement floor | | Orange painted sheetrock | White high gloss painted sheetrock | Recessed lighting |
| Storage Room | Gray epoxy painted cement floor | | White painted sheetrock | White high gloss painted sheetrock | Recessed lighting |
| Toilet Room | Yellow ceramic tile mastic grout | Yellow ceramic | Ceramic tile Wainscot White satin enamel painted sheetrock | White latex semi-gloss enamel | Sconce lighting |
| Sterilization Room | Gray epoxy painted cement floor | | White painted sheetrock | White high gloss painted sheetrock | Recessed lighting |

2. Lighting Information

General illumination of at least ten (10) foot-candles at a point thirty (30) inches above the floor level shall be provided in all rooms, and illumination of at least one hundred (100) foot-candles shall be provided at all working surfaces where services are provided to patrons and where tools and instruments are cleaning and sanitized or sterilized. Such illumination shall be reasonable free from glare and distributed so as to avoid shadows.

3. Ventilation Information

Ventilation shall be provided so as to prevent condensate and excess moisture and to remove objectionable odors and toxic substances. Construction and operation of ventilation facilities shall be such as to prevent undue chill. Exhaust outlets shall be constructed and operated so as to avoid creating a nuisance to adjacent areas as prescribed by Air Pollution Code (Title 3 of the Code of General Ordinances, and regulations adopted thereunder) of the City of Philadelphia.

Submit information about the design, construction, and installation of the ventilation system. Indicate the location of establishment ventilation system(s) for all areas, including toilet rooms.

4. Water Supply and Liquid Waste Disposal Information

Water shall be of a safe, sanitary quality from a source approved by the Department and shall be provided in adequate quantity and pressure in all rooms used for service of patrons and/or cleaning of tools and instruments. All hand washing facilities, containers, and sinks used for cleaning of tools and instruments or hand washing shall be provided with cold and hot water conveniently available at all times when the establishment is open for service.

All liquid wastes shall be disposed in accordance with the requirements of the Plumbing and Health Codes and regulations adopted thereunder, and any other applicable ordinances and regulations of the City of Philadelphia. Such wastes shall be discharged into the municipal sewerage system, if available. If such system is not available, liquid wastes shall be disposed of in a manner approved by the Department.

Submit a detailed plan of the plumbing system, including:

- a. The type and location of backflow prevention device(s).
- b. A complete description of the hot water generating system, including hot water heater capacity and hot water supply temperature. Sufficient hot water must be provided at all times.
- c. The location of all sanitary waste fixtures, mop receptacles, handwashing sinks, etc.

5. Refuse Storage and Disposal Information

Hair particles, paper, tissues, cottons, and other waste materials shall be kept stored in tightly covered waste containers. Refuse containers in areas where services are provided to patrons shall be emptied and cleaned at least daily. All refuse containers shall be cleanable and kept clean. All waste materials are to be removed from the premises at least weekly.

Used bandages, gauze or other disposable items which are contaminated with blood or dried blood are to be placed in closable, leak-proof color-coded or labeled containers built to contain all contents during handling, storing, transporting, or shipping. These containers are to be sterilized in an autoclave prior to disposal or transported and processed by an infectious waste transporter and disposal site approved by the PA Department of Environmental protection.

Needles or any other sharp objects which may have come into contact with blood or blood products are to be placed in a closable, puncture-resistant, disposable container which is leak-proof on the sides and bottom and labeled or color-coded to identify the contents as biohazard. These containers are to be sterilized in an autoclave prior to disposal or transported and processed by an infectious waste transporter and disposal site approved by the PA Department of Environmental Protection.

Submit information about the infectious waste disposal methods and the facilities for refuse and recyclables.

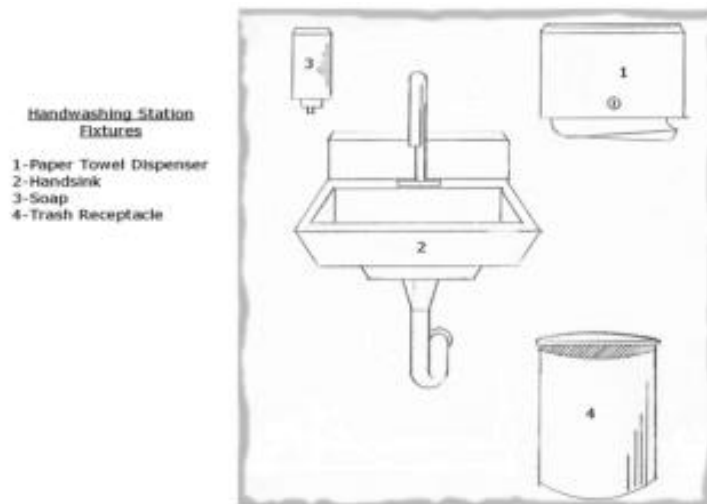
- a. Describe facilities to be provided for storage of refuse containers and recyclables. Describe the type, size, and location for all storage containers (cans, dumpsters, etc.).
- b. Describe facilities to be provided for infectious waste, including all artist's stations and storage areas.

6. Sanitary Facilities Information

Toilet and lavatory facilities shall be adequate, conveniently located and available during working hours for all persons working in the establishment, and shall comply with applicable statutes, ordinances and regulations. Toilet rooms shall be constructed with smooth, washable floors, walls and ceilings and shall be kept clean, well illuminated and in good repair and finished in a color so as not to conceal the presence of soil. Toilet rooms shall be ventilated to the outside air as prescribed in the Plumbing Code, and discharge vents shall conform to the requirements of the Air Pollution Code and regulations adopted thereunder.

A handwash sink with hot and cold running water shall be located in the work area and shall be for the exclusive use of the tattoo artist/body piercer for handwashing and preparing the customer. The sink shall be equipped with wrist or foot operated controls, approved germicidal soap solution provided by means of a pump dispenser, and individual disposable or autoclavable hand brushed and fingernail files for each operator. C-fold paper or other approved individual hand wiping towels are to be available. Common towels and common drinking cups are prohibited. Durable, legible signs shall be posted conspicuously in each toilet room directing employees to wash their hands before returning to work.

Show the location of toilet rooms, handwash stations, and storage area/facilities. Show on the plan all toilet room fixtures, as well as ventilation details. Handwash station facilities need to include soap, disposable towels, handwash sign, and waste receptacles (see diagram below).



7. Equipment Design and Construction Information

- A. After each tattooing/body piercing operations, the tubes and needle bars, insertion tapers, Pennington and other tissue forceps, nostric tubes, needle receiving tubes, ring expanding and closing pliers, files, and other instruments shall be placed in an ultrasonic-type machine to remove any foreign material. A high quality detergent material which shall be changed daily and is suitable for an ultrasonic machine is to be used. Ultrasonic machines must be operated with the lids on to prevent contamination of adjacent surfaces. When this process is completed, the tubes and needle bars are to be rinsed in accordance with the manufacturers' directions and shall be placed in a self-sealing autoclavable bag which is dated with an expiration date not to exceed six (6) months, and sealed in preparation for autoclaving.
- B. Each tattoo establishment is to be equipped with an autoclave which is a design, style or model that has received clearance by the U.S. Food and Drug Administration for conformance with section 510(k) of the Federal Food, Drug and Cosmetic Act. Alternate sterilizing equipment may only be used when specifically approved in writing by the Department. After each use and before use on another customer, all needle bars, grips and tubes shall be processed by the following procedure: cleaned, packaged in a self-sealing autoclave bag which is dated with an expiration date not to exceed six (6) months, and arranged in an autoclave which is operated in strict accordance with the manufacturer's recommendations. As the operation time of the autoclave may vary with the type of instrument, the packaging of that item and the arrangement of items in the autoclave, it is critical that the manufacturer's operation manual be followed. This will assure that each item placed in the autoclave achieves the proper temperature for sterilization. Temperature sensitive autoclave tape, autoclave bags with a chemical color indicator on the bag or any other temperature sensitive medium approved for autoclaves by the Department must be applied to each load every time the autoclave is used. To further confirm that the autoclave is operated in a manner to assure sterility of the processed instruments, it must be tested monthly using a biological indicator such as spore strips or spore suspensions which are processed by a laboratory. Records documenting such testing must be maintained by the operator for three (3)

years. A copy of the manufacturer's recommended procedures for the operation of the autoclave is to be available for inspection by the Department.

- C. Sterile instruments must be stored in a condition so as to maintain their sterility. All sterile and ready to use needles and instruments in their autoclaved bag or container, or in the manufacturer's original packaging shall be kept in an easily cleanable, dry enclosed glass, plastic or metal case, cabinet or drawer while not in use. Such enclosure shall be maintained in a sanitary manner at all times. Sterile instruments may not be used if the package has been breached or after the expiration date without first repackaging and re-sterilizing.
- D. The needles and instruments shall be used, handled, and temporarily placed during tattooing so that they are not contaminated.
- E. Articles that do not penetrate the skin, but are used on customers, including containers used for the storage of items and the collection of dirty instruments, must be thoroughly cleaned before and after each use. These are to be cleaned by rinsing in warm water, thoroughly washing with hot water and soap or detergent, rinsing in water at a temperature of 160 °F, allowed to air dry and stored in a clean, enclosed container or manner to prevent recontamination. Instruments which can be damaged by water, such as the electrical handpiece, are to be thoroughly wiped with clean cotton wool or a cotton pad saturated with 70% isopropyl alcohol, allowed to air dry and stored in a clean, enclosed container or manner to prevent recontamination.
- F. Stencils shall be single use disposable carbon or thermal spirit master units. Petroleum based jellies, soaps and other products used for the application of stencils shall be dispensed and applied on the area to be tattooed with sterile gauze or in a manner to prevent contamination of the original container and its contents. If used, the gauze shall be used only once and then discarded.
- G. All dyes, inks and pigments shall be from a source of supply which complies with applicable U.S. Food and Drug Administration regulations when available. Dyes, inks and pigments are to be used in accordance with the manufacturer's directions and are not to be adulterated with any substance not recommended by the manufacturer. Immediately before applying a tattoo, the quantity of dye, ink or pigment to be used for the tattoo shall be transferred from the supply bottles and placed into sterile, single-use paper cups or plastic caps. Upon completion of the tattoo, these single use cups or caps and their contents shall be discarded. Excess dye, ink or pigment shall be removed from the skin with a single service wiping tissue or sterile gauze which shall be discarded after use on each customer. Enough wipes to be used on one customer should be kept in the working area and any not used should be immediately discarded.
- H. Furniture used by the client during procedures is to be of nonporous materials and must be cleaned after each client. Work tables shall be constructed of smooth, easily cleanable material and cleaned between each use.

Submit information about the design and construction of all equipment. Complete the “Equipment Schedule” provided as an attachment to this guide (SCHEDULE B). The manufacturer and the model for all equipment must be provided (see sample below).

Sample Equipment Schedule

| Item No. | Equipment Description | Manufacturer’s Name | Model No. |
|----------|-----------------------------|--|-----------|
| 1 | Autoclave | Tuttnauer Valueklave Steam Sterilizer | 1730 |
| 2 | Ultrasonic | Sharpertek Ultrasonic Cleaner – 2 Quart | STU-2L |
| 3 | Tattoo machine power supply | CX2-G2 – Critical power Supply | CX2-G2 |
| 4 | Tattoo machine (coil) | Hatchback Irons – Spider Liner | HIS-L |
| 5 | Grip (1” stainless steel) | Pro-Design – 1” Grip Combo | N/A |
| 6 | Tattoo ink | Eternal Tattoo Ink – 12 Color Sample Set | ETL-124 |

Submit Manufacturer’s catalog cut sheets (see sample below). [Image source.](#)

2340M

Manual Autoclave

The Tuttnauer manual autoclave is designed to compliment any healthcare facility. The bright new easy to use panel was designed with the operator in mind. Our 2340M autoclave will satisfy all of your sterilization needs without compromising on quality, safety or reliability.



FEATURES

- Automatic shut off at the end of both the sterilization and dry cycles.
- A long life electro polished chamber and door.
- Double safety locking device prevents door from opening while chamber is pressurized.
- Drain valve is located on the front, allowing for quick and easy draining of water reservoir.
- Dual safety thermostat to protect against overheating.
- International certifications.
- 1 year parts and labor warranty.



Technical Specification

| Specifications | |
|--|--|
| Chamber Dimensions D x L - inches (mm) | 9" x 18 (230 x 470) |
| Chamber Volume | 5 Gal - 19 Liters |
| Overall Dimensions DxWxH - inches (mm) | 21.5" x 20" x14.4" - (545 x510 x 365) |
| Standard Cassettes Capacity | 2 full and 2 half |
| Tray Dimensions - inches (mm) | 16.3" x 6.7" x 0.8" - (415 x 170 x 20) |
| No. of Trays | 3 |
| Standard Unwrapped Cycle Time | Cold: 27 Min. Hot: 13 Min. |
| Voltage (V) - Frequency (Hz) | 120 - 50/60 |
| Power (W) - Current (A) | 1400W - 12A |
| Autoclave Weight - Lbs (kg) | 85 (39) |

8. Notifications and Client Record Information

Verbal and written instructions for the care of the tattoo/pierced site shall be provided to each customer by the operator prior to the initiation of the procedure. The aftercare instructions for body piercing shall be appropriate for the area being pierced. The written instructions shall advise the customer to consult a physician at the first sign of infection and contain the name, address and phone number of the establishment. The aftercare instructions shall be made available to the Department upon request.

Each operator shall keep records of all tattoos/piercings administered and include the following: customer's name; date; time; identification of tattoo/piercing; and operator's name. Such records shall be retained for a minimum of two (2) years and made available to the Department upon request.

Submit aftercare instructions for all types of procedures and an example of the consent form to be filled out by the client.

Other Departments Document Checklist

Use this page before opening your business to ensure you have all the necessary documentation!

1. Zoning (L+I^a)
 - Zoning/Use Registration Permit
2. Body art artist certification (PDPH^b)
 - Bloodborne pathogens training certificate
 - City of Philadelphia Body Art Artist Certificate
3. Plan review approval (PDPH)
 - Final plan review approval letter
4. Construction permits (L+I)
 - Building permit
 - Plumbing permit
 - Electrical permit
5. Construction inspections (L+I)
 - Building/plumbing inspection – final certificate of occupancy
 - Electrical inspection – copy of final electrical certificate on file
6. Pre-operating inspection (PDPH)
7. Final licenses (L+I)
 - Commercial activity license (formerly business privilege license)
 - Other licenses as needed

^a Philadelphia Department of Licenses and Inspections

^b Philadelphia Department of Public Health – Office of Environmental Engineering

For more information on the various license requirements go to www.phila.gov/li or call (215) 686-8686.

Checklist for Application Submission

Please complete this checklist to ensure that your Plan Review Application is complete. The accuracy of your submission will help to avoid processing delays and/or the rejection of your plans. Please include a completed checklist with your application.

_____ Checklist

_____ Application Form (all questions answered and boxes completed)

_____ Facility Plan: accurately scaled floor plan of the facility showing all areas including toilet rooms, basements, refuse and recyclable storage areas:

1. Structural Facility Information

_____ complete Surface Finish Details Schedule (Schedule A)

2. Lighting Information

_____ type and placement of all light fixtures

_____ wattage or lamp requirements for the fixtures

3. Ventilation Information

_____ location of approved ventilation systems

_____ description of approved ventilation systems

4. Water Supply and Liquid Waste Disposal Information

_____ type and location of backflow prevention device(s)

_____ description of the hot water generating system

_____ location of all sanitary waste fixtures, mop receptacles, handwashing sinks, etc.

5. Refuse and Recyclables Information

_____ storage facilities for refuse containers and recyclables

_____ outside refuse storage areas

_____ infectious waste storage areas

6. Sanitary Facilities Information

_____ location of toilet rooms, hand wash stations and storage area/facilities

_____ toilet room fixtures

_____ ventilation

7. Equipment Design and Construction Information

_____ complete Equipment Schedule (Schedule B)

_____ manufacturer's catalog cut sheets

_____ adequate storage facilities for all equipment

8. Notifications and Client Record Information

_____ aftercare instructions for all procedure types with physician's statement

_____ consent form

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**Plan Review Application Form
For Body Art Establishments
Office of Environmental Engineering
321 University Avenue, 2nd Floor
Philadelphia, PA 19104**

<http://www.phila.gov/health/environment/tattoo.html>

| 1. ESTABLISHMENT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------------|-------|-------|-------|----|--------|-------|-------|-------|----|---------|-------|-------|-------|----|-----------|-------|-------|-------|----|----------|-------|-------|-------|----|--------|-------|-------|-------|----|----------|-------|-------|-------|----|---|
| <u>Name of Establishment:</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Mailing Address (Number and Street):</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>City, State, Zip:</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Establishment Phone #:</u> | <u>Establishment Fax #:</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Licensee:</u> | <u>Corporate Officer:</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Applicant Phone #:</u> | <u>Email Address:</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>I hereby make application to the Philadelphia Department of Public Health for a certificate to operate a:</p> <p><input type="checkbox"/> Tattoo Establishment <input type="checkbox"/> Body Piercing Establishment</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. HOURS OF OPERATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr><td style="width: 15%;">Sunday</td><td style="width: 10%;">_____</td><td style="width: 10%;">am to</td><td style="width: 10%;">_____</td><td style="width: 10%;">pm</td></tr> <tr><td>Monday</td><td>_____</td><td>am to</td><td>_____</td><td>pm</td></tr> <tr><td>Tuesday</td><td>_____</td><td>am to</td><td>_____</td><td>pm</td></tr> <tr><td>Wednesday</td><td>_____</td><td>am to</td><td>_____</td><td>pm</td></tr> <tr><td>Thursday</td><td>_____</td><td>am to</td><td>_____</td><td>pm</td></tr> <tr><td>Friday</td><td>_____</td><td>am to</td><td>_____</td><td>pm</td></tr> <tr><td>Saturday</td><td>_____</td><td>am to</td><td>_____</td><td>pm</td></tr> </table> | Sunday | _____ | am to | _____ | pm | Monday | _____ | am to | _____ | pm | Tuesday | _____ | am to | _____ | pm | Wednesday | _____ | am to | _____ | pm | Thursday | _____ | am to | _____ | pm | Friday | _____ | am to | _____ | pm | Saturday | _____ | am to | _____ | pm | <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>Check here if by appointment only.</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 10px auto;"></div> </div> |
| Sunday | _____ | am to | _____ | pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monday | _____ | am to | _____ | pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tuesday | _____ | am to | _____ | pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wednesday | _____ | am to | _____ | pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thursday | _____ | am to | _____ | pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Friday | _____ | am to | _____ | pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Saturday | _____ | am to | _____ | pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. ARTISTS/APPRENTICES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Artist(s): _____ | Apprentice(s): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

A. Category of Application

Please select one:

_____ New Construction

Work Start Date: _____ Work Completion Date: _____

_____ Modification (the remodeling or alteration of an existing body art establishment that affects the way the establishment operates, which may or may not include the categories listed below. Check all items that apply.)

_____ Installation of equipment (new or used)

_____ Installation of surface finishes (i.e. walls, floors, ceilings)

_____ Installation of custom millwork, cabinetry or plastic laminated surfaces

_____ Replacement or relocation of permanently installed equipment

_____ Expansion of body art establishment

_____ Other: _____

Work Start Date: _____ Work Completion Date: _____

B. Scope of Operation (brief description of the work done)

**SCHEDULE A: SURFACE FINISH DETAILS SCHEDULE
COMPLETE AND SUBMIT WITH YOUR APPLICATION**

| Room/Area | Floors | Coved Base | Walls | Ceiling | Lighting |
|---------------------------|---------------|-------------------|--------------|----------------|-----------------|
| Artist Area | | | | | |
| Storage Room | | | | | |
| Toilet Room | | | | | |
| Sterilization Room | | | | | |
| Other | | | | | |

Provide details regarding the collection frequency and collector as a part of your refuse/recyclable handling information:
