



PLAN REVIEW APPLICATION FOR A NEW TATTOO ESTABLISHMENT

BETHANY HAMDEN
 NORTH HAVEN WOODBRIDGE

DATE: _____

Business Name _____

Business Address _____

Business Phone # _____ Fax # _____

Applicant Name _____

Address of Applicant _____

Applicant Phone # _____ Cell # _____

Email _____

Days and Hours of Operation _____

List all employed Tattoo Technicians:

Name: _____

CT License # _____

Expiration Date _____

(continue on back if necessary)

Name: _____

CT License # _____

Expiration Date _____

Include the following:

- Photocopy of State of Connecticut issued Tattoo Technician license for each technician and a copy of a current Connecticut driver's license or other government issues photo ID
- A copy of your establishments Consent Waiver
- A copy of your establishments written plan of disposal of regulated and infectious waste
- A plan review fee of \$175.00

Signature of Applicant _____

A Certificate of Compliance is required by the Regulations of this Health District to operate a tattoo establishment. Certificates will be renewed annually by June 1st of each year upon receipt of a completed application, passing an annual inspection and submitting the Certificate of Compliance fee of \$175.00.

Revised January 2023

Quinnipiack Valley Health District

A Regional Health Department Serving Bethany, Hamden, North Haven and Woodbridge, CT

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