CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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PEDRO E. SEGARRA
Mayor

RAUL PINO
Director

TEMPORARY PERMIT FOR BODY ARTISTS APPLICATION 2019

This permit only authorizes the bearer to practice body arts in the City of Hartford only for the dates, times and event participating in.

Temporary Event Name: TOMMY'S TATTOO CONVENTION **Event Date(s):** OCTOBER 11-12-13, 2019

CHECK DUTIES: ☐ **Tattoo/Body Artist** ☐ **Body Piercing** ☐ **BOTH**

Artist – Last Name	**First Name and (Name You Want On Website)**
Home Address:	
Phone: ( ) Business: ( )	E-mail:
Instagram For Website:	**Facebook** For Website:
Your Professional Body Arts License From Your Town If They Require One: Yes ☐ No ☐ (Please attach copy of your professional license if your town provides them)	
Driver's License or Photo ID with date of birth: License #	
Name of Body Arts Business: Artist ☐ **Piercer** ☐	
Training requirements related to Body Arts Safety and Best Practices: **Please submit the following records and the dates training occurred with your application.**	
1. Universal Precautions and Blood Borne Pathogens Training ☐ Yes	
2. Record of Hep B Vaccination **(provide documentation if yes is checked)** ☐ Yes ☐ Refusal	

I certify that all the above information is true and correct, and I understand any falsification of any information is cause for denial to participate in the Temporary Tattoo and/or Body Arts event. I agree to report any change in my work location or my duties promptly to the Hartford Department of Health and Human Services. I understand that I cannot practice my art in Hartford except at the event and times noted above.

Signature: _____ ***Date:*** _____

Dept. of Health Use Only

Date application received: Application Reviewed by:

Prevent. Promote. Protect.