

APPLICATION FOR BODY ART FACILITY PERMIT

OFFICE USE ONLY					
Date Received: (yyyy/mm/dd)		Application #			
Please note: The submission of an applicati documentation is of poor quality, the applic Temporary event applications must be sub	cation may be delayed, returned				
Type of Application:					
New application Renewal Ar If applicable, provide the previous permit #	nendment Note: Class 2-Te	mporary body art facilities are not renewable			
	SECTION 1 - API	PLICANT			
If there is more than one applicant, attach listed will be considered the primary appli		vith the information below. The first applicant			
Company/Organization					
Business Number (BN) if applicable					
First name	Middle initial	Last name			
Primary phone number	Ext. Secondary phone number	er Ext. Fax			
Email		Facebook/Website			
Civic address					
Mailing address (if different than civic add	lress)				
County	с	ommunity			
Province	Postal code	Country			
Return correspondence? Ye	s No Note: Foll	owing application decision, all correspondence will go to the ap			
Preferred method of contact?	nail Letter				



SECTION 2 - APPLICATION CONTACT INFORMATION

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Is the application contact the same as in Secti	on 1?	Yes	No	
If yes, please skip to section 3. If there is mor	e than one contact, att	tach a complete lis	t of conta	cts with the information below.
Company/Organization				
Business Number (BN) if applicable				
First name	Middle initial	Last name		
Primary phone number Ext.	Secondary phone nu	ımber	Ext.	Fax
Email				
Civic/Street address				
Mailing address (if different than civic address)			
County		Community		
Province	Postal code			Country
Return correspondence? Yes Preferred method of contact? Email	No Note: F	-ollowing applicatio	on decisior	n, all correspondence will go to the applicant.



SECTION 3 – FACILITY SITE/LOCATION

Class 1 – Permanent body art facility location

Body art facility store front name

Facility civic/street address, county, community

Property identification # (PID)

Class 1 - Mobile body art facility location

*For mobile facilities, please provide the location of the commissary or if applicable the affiliated permanent body art facility.

Mobile body art facility name

Commissary/ affiliated permanent body art facility civic/street address, county, community

Property Identification # (PID)

Class 2 - Temporary body art facility location

Temporary body art facility name

Temporary Event name

Event civic/street address, county, community

Property Identification # (PID)



SECTION 4 – ACTIVITY (Permit Type)

	Fee	Term of Permit
Class 1 – Permanent body art facility	\$195.00 plus 29.25 (HST) = 224.25	10 years
Class 1 – Mobile body art facility	\$195.00 plus 29.25 (HST) = 224.25	10 years
Class 2 – Temporary body art facility	\$ 30.00 plus 4.50 (HST) = 34.50	1-14 days or as specified on permit

Class 1 - Permanent or mobile facility - proposed dates, if applicable (yyyy/mm/dd):

Proposed opening date

Class 2 - Temporary facility – proposed dates if applicable (yyyy/mm/dd) and hours:

Start date of event

End date of event

Operating hours of event

Intended dates of facility operation (if different from event dates)

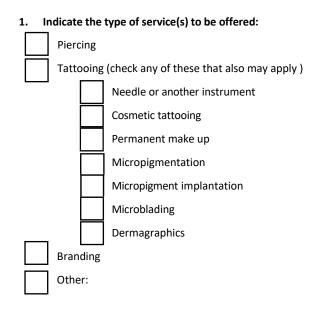
Set up date and hours

Optional Information:

Temporary event coordinator

Temporary event coordinator contact information

SECTION 5 - ACTIVITY DETAILS



JANUARY 2019



SECTION 6 - SUPPORTING DOCUMENTATION

All supporting documentation must be submitted with this application. Additional information may be requested.

Description	Submitted
6A – Class 1 permanent/mobile body art facility check list includ	ed:
6B – Class 2 temporary body art facility checklist included:	

Enclose payment

Submit the application, supporting document and payment in the form of cash or a cheque or money order made payable to "Minister of Finance" to your local Nova Scotia Environment district office.



SECTION 7 – DECLARATION

Information in this application pa	acka	ge which tl	ne ar	plicant considers to be confidential business information should be clearly identified.
Are you making this request?		Yes		No

If yes, please indicate which information in the Supporting Documentation is considered confidential.

I acknowledge it is an offense under Section 22 of the *Safe Body Art Act* to provide false or misleading information and confirm to the best of my knowledge and belief the information provided in this form and supporting documentation is true and accurate and complies with the relevant provisions of the *Safe Body Art Act* and Regulations.

Applicant's signature:

Date: (yyyy/mm/dd)

Name (please print or type):

OR

I certify that I am acting with the applicant's full consent.

Signature:

Date: (yyyy/mm/dd)

Name (please print or type):