



APPLICATION FOR BODY ART FACILITY PERMIT

OFFICE USE ONLY	
Date Received: (yyyy/mm/dd)	Application #

Please note: The submission of an application with payment does not guarantee approval. If information submitted is incomplete or if supporting documentation is of poor quality, the application may be delayed, returned, or rejected.

Temporary event applications must be submitted 30 days before the event or the application may be rejected.

Type of Application:

☐ New application ☐ Renewal ☐ Amendment Note: Class 2-Temporary body art facilities are not renewable

If applicable, provide the previous permit # _____

SECTION 1 – APPLICANT

If there is more than one applicant, attach a complete list of applicants with the information below. The first applicant listed will be considered the primary applicant for this project.

Company/Organization

Business Number (BN) if applicable

First name Middle initial Last name

Primary phone number	Ext.	Secondary phone number	Ext.	Fax
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Email _____ Facebook/Website _____

Civic address

Mailing address (if different than civic address)

County Community

Province Postal code Country

Return correspondence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note: Following application decision, all correspondence will go to the applicant.
Preferred method of contact?	<input type="checkbox"/> Email	<input type="checkbox"/> Letter	



SECTION 2 - APPLICATION CONTACT INFORMATION

Is the application contact the same as in Section 1?

☐ Yes☐ No

If yes, please skip to section 3. If there is more than one contact, attach a complete list of contacts with the information below.

Company/Organization

Business Number (BN) if applicable

First name

Middle initial

Last name

Primary phone number

Ext.

Secondary phone number

Ext.

Fax

Email

Civic/Street address

Mailing address (if different than civic address)

County

Community

Province

Postal code

Country

Return correspondence?

☐

Yes

☐

No

Note: Following application decision, all correspondence will go to the applicant.

Preferred method of contact?

☐

Email

☐

Letter



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
<input type="checkbox"/> Class 1 – Permanent body art facility	\$195.00 plus 29.25 (HST) = 224.25	10 years
<input type="checkbox"/> Class 1 – Mobile body art facility	\$195.00 plus 29.25 (HST) = 224.25	10 years
<input type="checkbox"/> 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

1. Indicate the type of service(s) to be offered:

- ☐ Piercing
- ☐ Tattooing (check any of these that also may apply)
- ☐ Needle or another instrument
 - ☐ Cosmetic tattooing
 - ☐ Permanent make up
 - ☐ Micropigmentation
 - ☐ Micropigment implantation
 - ☐ Microblading
 - ☐ Dermagraphics
- ☐ Branding
- ☐ Other:



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 included: ☐

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 package which the applicant 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):