

## **SOUTH CENTRAL HEALTH DISTRICT**

196 North Main St. Southington, CT 06489 860.276.6275 | schd-ct.org

## APPLICATION FOR TEMPORARY TATTOO BOOTH

Temporary permits are valid for a maximum of 14 days. Please submitted application and payment 2 weeks prior to the event. There will be no refunds or credits issued.

Applications received within 2 weeks of the event will be assessed a late fee of \$50 Applications will not be reviewed without payment.

□ 72 hour max \$85	☐ Existing SCHD Tattoo License \$50					
Event						
Event Organizer		Cell Phone				
Date(s) of Event	Time		Rain Date			
Location of Event						
Name of Food Booth						
Contact Person		Cell Phone				
Email address						
** If licensed by another city/town, please	attach copy of l	ast food inspection	report and current license.			
The following items must be submitted wit	h the applicati	on to considered	a complete submission.			
☐ A copy of all Connecticut professional	f all Connecticut professional issued license(s) and a copy of a valid Government photo ID.					
☐ A list of all services provided.						
☐ Tattoo: Bloodborne pathogens certifica	ate, first aid certi	ficates and under 18	release documents.			

Our office has 10 business days to review and respond

le	ase fill out this application comple	tely. A detailed app	olication assists SCHD	with the review process
	How will handwashing stations be J	provided?		
	Location of worker toilet facility			
	Type of sanitizer		Contact time: _	
	Water supply used for hand washin	g	☐ Public Wate	er 🗖 Private Well
	DRAW A I	LAYOUT OF YO	OUR TATTOO BO	OOTH .
	Label all tables, tables, hand was storage, toilets etc.	sh stations, garbag	e cans, food storage	area, cleaning product
_		SCHD USE (	)NLY	
	Reviewed by:			□ Not Approved
	Date form received/fee paid	\$	□ Cash □ Check#	