



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
Class 1 – Permanent body art facility	\$195.00 plus \$27.30 (HST) = \$222.30	10 years
Class 1 – Mobile body art facility	\$195.00 plus \$27.30 (HST) = \$222.30	10 years
Class 2 – Temporary body art facility	\$30.00 plus \$4.20 (HST) = \$34.20	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):