

OFFICE USE
DATE RECEIVED

INITIALS



CITY OF READING, PENNSYLVANIA

PROPERTY MAINTENANCE DIVISION
HEALTH OFFICE ROOM 1-30
815 WASHINGTON STREET
READING, PA 19601-3690
OFFICE: (610) 655-6214
FAX: (610) 655-6225

TATTOO / PIERCING ESTABLISHMENT HEALTH PERMIT APPLICATION - \$150

HEALTH PERMIT # _____ DATE ISSUED _____

(Official Use Only)

GENERAL BUSINESS INFORMATION

Business Name _____
Business Address _____
Business Phone _____
Business Privilege License # (Room 1-27) _____
Procedures performed (list all) _____
Sterilization Method Used _____

BUSINESS OWNER / APPLICANT INFORMATION

Name _____
Mailing Address _____
Home Phone # _____ Mobile Phone # _____
Drivers License # / State _____ Date of Birth _____
Email address _____

REQUIRED DOCUMENTATION:

- _____ Copy of owner's government issued identification (e.g., Driver's License);
- _____ Copy of owner and all employee's Certificates of completion for OSHA Bloodborne Pathogens Training (Dated no more than 1 yr. prior to application);
- _____ Proof of liability insurance (\$150,000 minimum);
- _____ Zoning Permit (City Hall, Room 1-27)
- _____ Building & Trades (City Hall, Room 310)

I hereby verify that the information provided on this application is true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsification to authorities. I hereby swear and affirm to abide by and adhere to the Codified Ordinances of the City of Reading and any and all applicable Federal or State laws, statutes or regulations.

Signature of Business Owner

Date Submitted

