



Annual Registration for Tattoo Establishments

Name of Establishment: _____
Property Address: _____ Street City Zip Code
Mailing Address, if different: _____
Email Address: _____
Telephone Number: _____ Emergency/Night Number: _____
Owner of Establishment: _____ Name
Mailing Address: _____ Street City State Zip Code

Manager/Contact Person On-site: _____

Days and Hours of Operation: _____

Names of Licensed Tattoo Technicians: _____

Names of Student Tattoo Technicians: _____

(Attach a list of any additional licensed and/or student Tattoo Technicians.)

A copy of all Tattoo Technician Licenses must be provided along with this registration. Changes and/or additions to the licensed or student Tattoo Technicians above must be reported to the District prior to the date said person(s) begin tattooing at the facility.

Owner's Signature

Date

Pertinent Code Sections:

Connecticut General Statutes CHAPTER 387a - TATTOO TECHNICIANS

- Sec. 20-266n. Definitions.
- Sec. 20-266o. Licenses. Qualifications. Renewal. Exceptions. Regulations.
- Sec. 20-266p. Prohibited acts.
- Sec. 20-266q. Disciplinary action. Grounds.
- Sec. 20-266r. Enforcement.
- Sec. 20-266s. Inspection of tattoo establishments.

“Tattooing” practices include the application of permanent make-up and micro-blading.

Annual registration fee \$50.00

For District Use Only:

Fee Paid: \$_____ Cash ___ Check# _____ C/C: ___ Receipt # _____ Date _____