



Personal Services Permit Application

Instructions

For **new, unpermitted personal service facilities**, the plan review process is required before permitting. Please submit this application, floor plans, and other supporting documents, along with a **\$40 plan review fee**. Submit plan review packet by email, fax, mail, or in-person.

Payments: Submit check or money order by mail or in-person. Make payable to *Norfolk Department of Public Health*. Call the Environmental Health Office at 757-683-2712 to pay by credit card.

For annual permit renewal of **currently permitted personal service establishments**, please complete and submit this application via email, fax, mail, or in-person. **Note: there is no annual permit fee for personal services establishments**, except for those offering permanent make-up services, which requires submission of a separate tattoo application and fee payment.

Note: We are unable to process incomplete applications.

Additionally, licensures required by other agencies or board, such as Department of Professional and Occupational Regulation- DPOR, or the Board of Nursing (massage therapists), must be obtained by the applicant prior to health department permitting.

Application Type

Select One Category: New Permit Renewal Name Change Change-of-Owner

Type of Facility/Services Provided

Categories: Cosmetology Barbering Nail Care Wax Care Esthetics (Skin Care) Tanning
 Health Parlor (Massage/Massage Therapy) Permanent Make Up (requires a *Tattoo Parlor Application*)
 Electrology Other: Please Specify _____

Establishment Information

Establishment Name: _____
Street Address: _____ City: Norfolk State: VA Zip: _____
Phone: _____ Fax: _____
Email: _____ Website: _____

Owner Information

Individual Owner Corporation Partnership Other (please specify): _____
Corporation/LLC or Owner Name: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

Billing Information

(If different from above)

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

On-site Manger(s), District, or Regional Contacts

Name: _____ Title: _____ Phone : _____ Email: _____

Name: _____ Title: _____ Phone : _____ Email: _____

Name: _____ Title: _____ Phone : _____ Email: _____

Hours of Operation

Monday Open: _____ a.m. p.m. Close: _____ a.m. p.m.

Tuesday Open: _____ a.m. p.m. Close: _____ a.m. p.m.

Wednesday Open: _____ a.m. p.m. Close: _____ a.m. p.m.

Thursday Open: _____ a.m. p.m. Close: _____ a.m. p.m.

Friday Open: _____ a.m. p.m. Close: _____ a.m. p.m.

Saturday Open: _____ a.m. p.m. Close: _____ a.m. p.m.

Sunday Open: _____ a.m. p.m. Close: _____ a.m. p.m.

Other Information

DPOR Shop License #: _____ DPOR Individual / Professional License#: _____

Massage Therapist (Board of Nursing) License #: _____ (Please provide copy of appropriate license)

Refuse Disposal: City Private Waste Company (health department dumpster permit required)

Certification

By signing below, I attest to the accuracy of the information provided. I agree that I will comply with City of Norfolk Code of Ordinances, Chapter 7 (Barbering and Beauty Culture) or Chapter 21 (Health Parlor Ordinance) as required by scope of service offered and will allow the regulatory authority access to the establishment.

Printed Name: _____ Title: _____ Phone: _____

Signature: _____ Date: _____

Information provided in this application may be subject to disclosure under the Freedom of Information Act (FOIA).

OFFICE USE ONLY

Receipt #: _____ PD: _____ Permit Issue Date: _____ Expiration Date: _____

Approved for Permit: _____ Date: _____