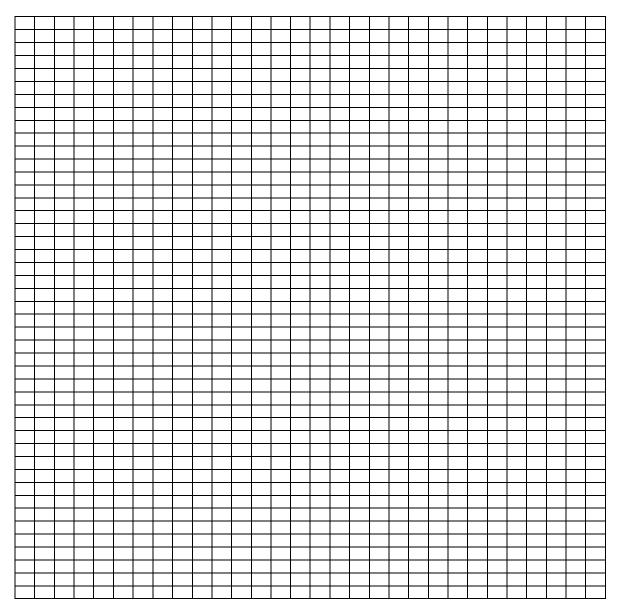
BODY ART FACILITY PLAN REVIEW FORM

Date:			
Type of Facility: (circle one) Permanen	t Temporar	y/Special Event	
Are you a: (circle one) New Facility		Existing Facility	
Existing with new	ownership	Existing remodel	
Name of Facility:		_ Phone	_
Address of Facility:			_
Name of Operator (owner):		Phone	
Address of Operator (owner):			
Number of Technician Stations			
Square Feet /Station			
Total Square Feet of Facility			
IF OPENING A NEW FACILITY OR F	REMODELING	CURRENT ONE:	
Date Construction will begin:			
Date of Planned Opening:			
New Facility Name:			
Day(s) of Operation S M T W TH F SA	By appoin	ntment: Y N	
Hours of Operation to			
Number of body artists is the facility desig	ned for	_	
Number of body artists working in the faci	lity at opening _		
Type of services provided			

Equipment Specifications:

Submit equipment specification sheets, including make and model numbers of the equipment. If the specification sheet lists more than one piece of equipment identify the specific equipment to be used. If there is no specification sheet available, the equipment will only be accepted upon a field inspection to determine if it meets commercial design criteria. (*Please attach additional pages as necessary*.)

EQUIPMENT	MAKE AND MODEL	SPECIFICATIONS



BODY ART FACILITY FLOOR PLAN & EQUIPMENT LAYOUT Scale 1/4" = 1 foot (If other scale, notify:)
BODY ART FACILITY
Submitted by: