

BODY ART FACILITY PLAN REVIEW FORM

Date: _____

Type of Facility: (circle one) Permanent Temporary/Special Event

Are you a: (circle one) New Facility Existing Facility
Existing with new ownership Existing remodel

Name of Facility: _____ Phone _____
Fax _____

Address of Facility: _____

Name of Operator (owner): _____ Phone _____
Fax _____

Address of Operator (owner): _____

Number of Technician Stations _____

Square Feet /Station _____

Total Square Feet of Facility _____

IF OPENING A NEW FACILITY OR REMODELING CURRENT ONE:

Date Construction will begin: _____

Date of Planned Opening: _____

New Facility Name: _____

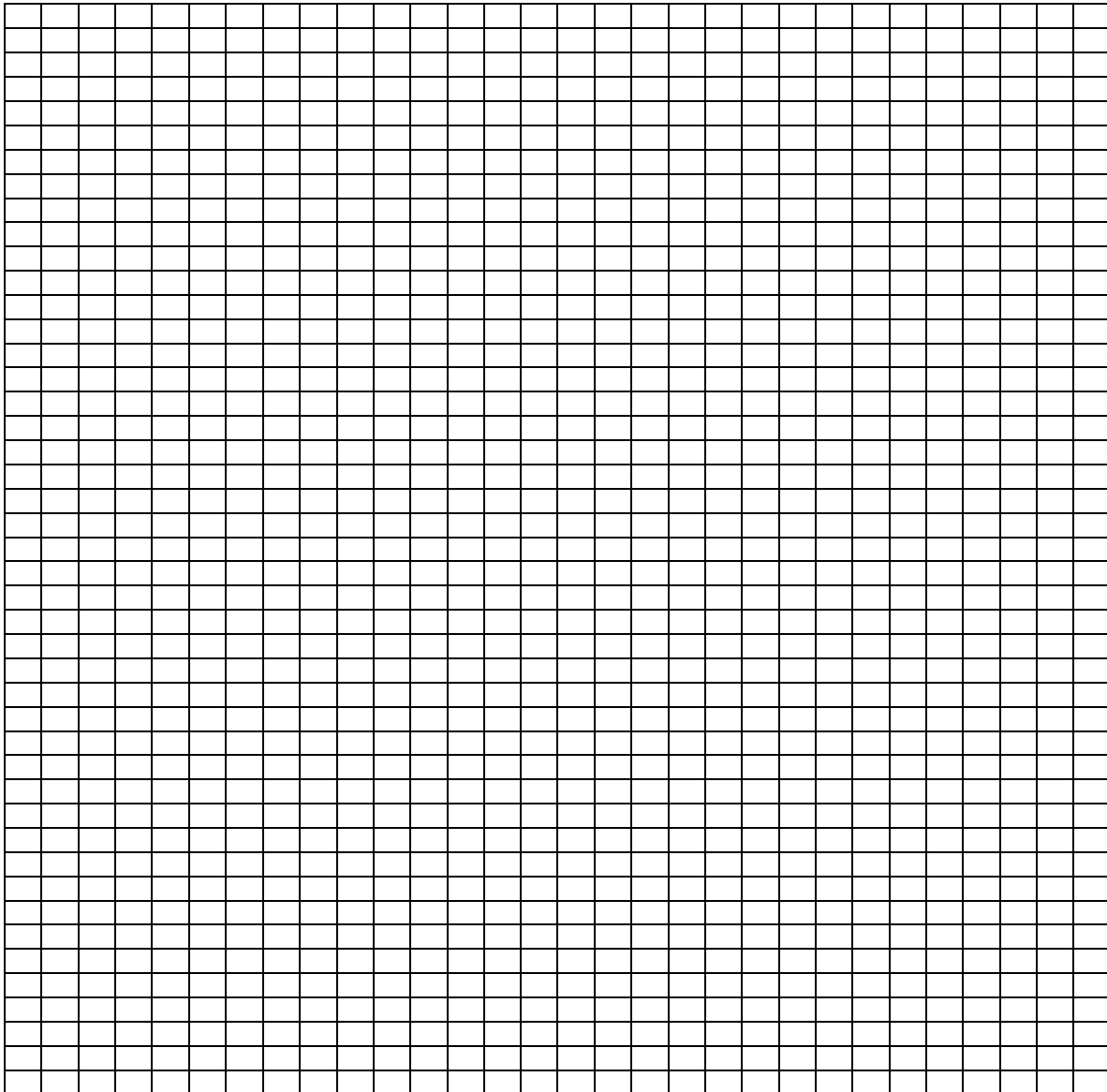
Day(s) of Operation S M T W T H F S A By appointment: Y N

Hours of Operation _____ to _____

Number of body artists is the facility designed for _____

Number of body artists working in the facility at opening _____

Type of services provided _____



BODY ART FACILITY FLOOR PLAN & EQUIPMENT LAYOUT Scale $\frac{1}{4}$ " = 1 foot
(If other scale, notify: _____)

BODY ART FACILITY _____.

Submitted by: _____