

ENVIRONMENTAL HEALTH DIVISION  
BUREAU OF AIR QUALITY CONTROL  
REGISTRATION FORM  
**PAIN AND BODY SHOP FACILITY**

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DATE: \_\_\_\_\_ ACCOUNT#: PBS 0000

\*\*\*\*\*

NAME OF FACILITY: \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY : \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

TITLE: \_\_\_\_\_

\*\*\*\*\*

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

TITLE: \_\_\_\_\_

\*\*\*\*\*

SIZE OF FACILITY

ANNUAL FEE

N/A

\$500.00

\*\*\*\*\*

APPLICABLE/NOT APPLICABLE

I, \_\_\_\_\_, \_\_\_\_\_, CERTIFY THAT \_\_\_\_\_  
(PRINTED NAME) (TITLE) (BUSINESS NAME)

IS/IS NOT ENGAGED IN ANY OF THE ACTIVITIES THAT REQUIRE REGISTRATION UNDER SECTION 21-161, OF THE HOUSTON CODE OF ORDINANCE.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

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RETURN THIS FORM TO:  
HOUSTON DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BUSINESS MANAGEMENT OFFICE (713) 640-4200  
8000 NORTH STADIUM DR.  
HOUSTON, TX 77054-1823