

BODY ART FACILITY HEALTH PERMIT APPLICATION

CHECK ONE: New application Change in Ownership

PROCEDURES TO BE PERFORMED: Check all that apply (see back for definitions)

Tattooing Body Piercing Branding Permanent Cosmetics

APPLICANT INFORMATION:

Owner Name: _____

Other Name(s) Used: _____

Home Address: _____

City: _____ Zip Code: _____

Mailing Address: _____

City: _____ Zip Code: _____

Email: _____

Phone #: _____

Facility Location(s):

Practitioners At This Facility

(Attach additional sheets as necessary)

Business name: _____

Location Address: _____

City _____ Zip: _____

Bus. Owner: _____ Phone: (____) _____

Owner e-mail: _____

The undersigned hereby apply for a Body Art Facility Permit and agree to operate in accordance with all applicable State and local requirements governing safe body art practices.

I hereby certify that to the best of my knowledge and belief the statements made herein are true and correct.

Signature: _____ Date: _____

Print Name: _____ Title: _____

FOR OFFICE USE ONLY

PE: 1910 Fee: \$ _____ OW: 000 _____ FA: 000 _____ PR: 000 _____ Date paid: _____ Check #: _____ Check Date: _____

Approved: _____ Date entered: _____