

## APPLICATION FOR BODY ART ESTABLISHMENT

*New Businesses: Application Must Be Submitted At Least 30 Days Before The Planned Opening Date*

<b>Establishment</b>	<b>Name</b>	
	<b>Address</b>	
	<b>Telephone Number</b>	
<b>Operator</b>	<b>Name</b>	
	<b>Address</b>	
	<b>Telephone Number</b>	
<b>Name of Practitioner(s)</b> <i>Each practitioner must obtain a separate permit from the Board of Health</i>		
<b>Autoclave</b>	<b>Manufacturer</b>	
	<b>Model Number and Year</b>	
	<b>Serial Number</b>	

\*\*\* Permit fee of \$100 is due with application.\*\*\*

*I have received, read, and understood the requirements of the Board of Health's body art regulations.*

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Board of Health Use Only:*

<b>Date Received:</b>			
<b>Approved (Y/N)?</b>		<b>By:</b>	
<b>Permit Number:</b>			