



Working for Healthy Communities

Permit No. _____

Expiration Date: _____

Body Arts Establishment Permit Application

- Operation Permits are valid for the calendar year, renewable on December 31st of that year.
- Non-transferable.
- A 30-day grace period will be given for renewal of the permit.
- Fee Schedule:
 - New Establishment: \$200.00
 - Yearly Renewal: \$170.00
 - Pre-Open: \$50.00
 - Yearly Technician: \$50.00

Name of Business: _____ Date: _____

Hours of Business Operation: _____

Address of Business: _____ Phone: _____

City, State, Zip: _____ Fees Paid: _____

Services offered: Artistic Permanent Cosmetics Restorative
 Piercing Branding Scarification
 Mobile Unit Other: _____

Owner's Name: _____ Phone: _____

Owner's Address: _____

City, State & Zip _____

Maintenance of this Permit is conditional upon compliance with the CUPHD Body Art Regulation, and may be revoked or suspended with cause. I hereby agree to abide by all aspects of the CUPHD Body Art Regulation.

Applicant Signature

Local Environmental Health Scientist