

Body Art Establishment Permit Application



Working for Healthy Communities

Business Information

Business Name	
Street Address	
City and ZIP Code	
Business Phone	
Owner's Name	
Owner's Phone	
Owner's Address	
Email Address	

Services Offered

Which Body Art services does your establishment offer?

- Artistic Piercing
 Permanent Cosmetics Other (Please Specify): _____
 Microblading

Agreement and Signature

By submitting this application, I hereby agree to abide by all aspects of CUPHD Body Art Regulations. Maintenance of this Permit is conditional upon compliance with CUPHD's Body Art Regulations and may be revoked or suspended with cause.

Name (printed)	
Signature	Date: _____

- Operation Permits are valid for the calendar year, renewable on January 1st of each year.
- Operation Permits are non-transferable.
- Fee Schedule:
 Establishment Permit: \$230.00
 Yearly Operator Permit: \$50.00

Office Use Only	
<input type="checkbox"/> Paid: \$230	Permit #: _____
Payment Received By: _____	
Payment Date: _____	
Payment Method: (check one below)	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check #: _____ <input type="checkbox"/> Credit Card
Receipt #: _____	