



Body Art Establishment Permit Application

Business Name: _____

Physical Address: _____

Mailing Address: _____

Business Phone: _____ Email: _____

Owner Name: _____ Owner Phone: _____

Address: _____

Please list artists operating under this permit: _____

Services Offered:

- Permanent Cosmetics Microblading
 Artistic Piercing Other _____

Maintenance of this Permit is conditional upon compliance with CUHD's Body Art Regulations and may be revoked or suspended with cause.

By submitting this application, I hereby agree to abide by all aspects of CUHD Body Art Regulations.

Applicant's Signature: _____ Date: _____

- Permits are valid for the calendar year, renewable on January 1st of each year.
- Permits are non-transferable.

Office Use Only

Plan Review: \$250 Permit Fee: \$275 Amount Paid: _____ Permit #: _____

Date Received: _____ Received by: _____ Receipt #: _____

Payment Method: Cash Check #: _____ Credit Card

LEHS Approval: _____ Date: _____