



Temporary Body Art Establishment Permit Application

Business Name: _____

Mailing Address: _____

Business Phone: _____ Email: _____

Artist Name: _____ Artist Phone: _____

Name of Event: _____ Date(s) of Event: _____

Event Location: _____ Event Hours: _____

Services Offered:

- Permanent Cosmetics Microblading
 Artistic Piercing Other _____

Please attach a drawing of your proposed setup, a list of supplies, and your sanitation plan.

Applicant's Signature: _____ Date: _____

- Permits are valid for the event listed.
- Permits are non-transferable.

Office Use Only	
Permit Fee: \$100	Amount Paid: _____ Permit #: _____
Date Received: _____	Received by: _____ Receipt #: _____
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check #: _____ <input type="checkbox"/> Credit Card	
LEHS Approval: _____	Date: _____