



# BODY ART ESTABLISHMENT LICENSE APPLICATION

ANNUAL FEE: \$115

OWNER		
NAME		
MAILING ADDRESS	CITY/STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS	
ESTABLISHMENT		
NAME		
ADDRESS	CITY/STATE	ZIP CODE
MAILING ADDRESS	CITY/STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS	

\*Please submit a floor plan drawing of the proposed establishment for Department review.

<p>I have read and understand the requirements as detailed in the Western Plains Public Health's Body Art Code and Guidelines and agree to the terms and requirements for a Body Art Establishment. I further agree to the requirements of the Code in their entirety as relates to hiring, operating and maintaining records. I understand that failure to abide by the requirements of the Code may result in legal action against the license and license holder. <b>Western Plains Public Health's Body Art Code as well as an online payment link can be found at: <a href="https://www.westernplainsph.org/body-art-safety-sanitation">https://www.westernplainsph.org/body-art-safety-sanitation</a></b></p>	
OWNER SIGNATURE	DATE

FOR OFFICE USE ONLY			
REVIEWED BY	DATE PAID	CASH/CHECK #/CC	AMOUNT