



# TEMPORARY BODY ART ESTABLISHMENT LICENSE APPLICATION

ESTABLISHMENT		
TEMPORARY EVENT LOCATION	ADDRESS	
LOCATION OWNER/EVENT COORDINATOR	PHONE #	EMAIL ADDRESS
MAILING ADDRESS	CITY/STATE	ZIP
EVENT INFORMATION		
DATE(S) & TIME(S) OF EVENT	SERVICES OFFERED	
BODY ART OPERATOR/TECHNICIAN*	LICENSE #**	
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DESCRIPTION OF EVENT		

LOCATION AND SETUP ARE SUBJECT TO INSPECTION PRIOR TO OPERATION. A TEMPORARY PERMIT IS NOT TRANSFERABLE AND ONLY VALID FOR 14 DAYS **OR** AT THE CONCLUSION OF THE EVENT, WHICHEVER IS LESS.

\*If additional artists, please attach a list of all artists with license #'s and services provided.

\*\*Artist must hold a license with WPPH to operate in WPPH jurisdiction. Please contact our office to obtain licensure.

**Please submit a drawing of the location layout.**

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. **Western Plains Public Health's Body Art Code as well as an online payment link can be found at: <https://www.westernplainsph.org/body-art-safety-sanitation>**

OWNER/EVENT COORDINATOR SIGNATURE	DATE
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FOR OFFICE USE ONLY		
REVIEWED BY	DATE	OPERATOR/TECHNICIAN LICENSE(S) VERIFIED
DATE PAID	CASH / CHECK # / CC	AMOUNT
		\$50