



## TEMPORARY BODY ART OPERATOR / TECHNICIAN LICENSE APPLICATION

ESTABLISHMENT		
TEMPORARY LOCATION	ADDRESS	
IS THIS A LICENSED ESTABLISHMENT?	ESTABLISHMENT LICENSE #*	
ESTABLISHMENT OWNER	PHONE #	EMAIL

\*Body artists must work within a licensed facility. If an establishment license is not held with Western Plains Public Health, please contact to obtain proper licensure.

OPERATOR/TECHNICIAN		
NAME	MAILING ADDRESS	
PHONE #	EMAIL	
CURRENT OPERATION LOCATION NAME	CITY/STATE	ARTIST LICENSE #
SERVICES OFFERED	DATE OF LAST HEP B VACCINATION**	
EVENT		
DATE(S) & TIME(S) OF EVENT	DESCRIPTION OF EVENT	

ARTIST IS 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.

**PLEASE ATTACH A COPY OF CURRENT BLOODBORNE PATHOGEN TRAINING, CPR/FIRST AID TRAINING, PHOTO COPY OF ID, AND PROOF OF HEPATITIS B VACCINATION.**

\*\*Declination form must be signed and filed with the Department.

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 Operator. 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>				
BODY ARTIST SIGNATURE			DATE	
FOR OFFICE USE ONLY				
REVIEWED BY	DATE	CURRENT CPR/FIRST AID	CURRENT BBP TRAINING	
DATE PAID	CASH/CHECK #/CC	COPY OF ID	HEP B	AMOUNT
				\$30