



# West Central Health District Environmental Health

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## Application Requirements for Body Art Studio Permit

Date: \_\_\_\_\_ Body Art Studio Name: \_\_\_\_\_

Body Art Studio Owner's Name: \_\_\_\_\_

Body Art Studio Address: \_\_\_\_\_

The application for a **Body Art Studio Permit** must include the following:

1. \_\_\_\_ Notarized Verification of Residency form
2. \_\_\_\_ Application for a Tattoo Studio Permit and list of full names of all staff including owner who will be working in the studio.
3. \_\_\_\_ Body Art Studio Application and Plan Review Fee
4. \_\_\_\_ Copy of at least one weeks spore indicator for each autoclave at facility. (Not Applicable if **all** disposables will be used. Submit this in writing)
5. \_\_\_\_ Submit a written statement of policies and procedures outlining the responsibilities of management.
6. \_\_\_\_ Submit a copy of the written cleaning schedule. See Pg. 7 of rules/regulations: Disinfection of Workplace
7. \_\_\_\_ Copy of the verbal and written instructions for the care of the procedure site that will be provided to each customer. The written instructions must advise the client to consult a physician at the first sign of infection and contain the name, address, and phone number of the establishment.
8. \_\_\_\_ Client Files:
  - Copy of a statement to be used of informed consent by the individual receiving the tattoo.
  - Copy of a statement to be used by the client attesting that he/she is not under the influence of alcohol and/or drugs.
  - Copy of procedures that will be signed by the client advising them on the risks involved and possible complications that might result from the tattoo procedure.
9. \_\_\_\_ Copy of the Notice for Filing a complaint. This must be posted in your facilities in public view and include the name, address, and phone number of the local Health Department and the procedure for filing a complaint.
10. \_\_\_\_ Copy of the agreement with the facility or company that will handle your sharps containers as waste.
11. \_\_\_\_ Floor sketch of studio showing windows, doors, room measurements, chairs, tables and equipment (eg. sinks) for clients and staff.
12. \_\_\_\_ Submit a signed certificate of occupancy or evidence of approval.
13. \_\_\_\_ Submit **approval** letter or current inspection report (with no violations noted) from the local Fire Authority.
14. \_\_\_\_ Water supply must be adequately protected to preclude the possibility of back siphonage. (Approval documentation from local governing authority)

Revised 5/21/2020



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## Application for Body Art Studio Permit

Name of Body Art Studio	Studio Phone #	
Body Art Studio Address	City	Zip Code
Mailing Address	City	Zip Code
Studio Owner	E-mail Address	Owner's Phone #
Authorized Agent*	Phone #	

This certifies that I have made application to the local Health Department for a Body Art Studio permit to operate the above Body Art Studio, and I grant permission to the Health Authority and duly authorized agents of the local Health Department to inspect this premise in my charge pertaining to the above address. I am cognizant of the current Body Art Studio Rules and Regulations of the local Health Department – Board of Health, and I realize that non-compliance with said Rules and Regulations will be sufficient cause for the revocation of this permit should it be granted.

**Body Art Studio Permits are NON- TRANSFERABLE regarding location and ownership.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Authorized Agent means the person to whom the business owner has delegated authority for the overall management of the Body Art Studio

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## Body Art Studio - List of Staff

DATE: \_\_\_\_\_

Body Art Studio Name: \_\_\_\_\_ Studio Phone #: \_\_\_\_\_

Body Art Studio Address: \_\_\_\_\_

Tattoo Studio Owner: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_

A listing of names of ALL staff including the owner who will be working in the studio shall be listed below. This listing shall include the FULL name of each staff person. The Studio owner is responsible for notifying the local Health Department immediately in writing if this list changes.

### Employee(s) Full Name/Title

1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	16.

Hours of Operation: \_\_\_\_\_

Days of Operation: \_\_\_\_\_

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