



477 23<sup>rd</sup> STREET, OGDEN, UTAH 84401  
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## APPLICATION FOR PERMIT TO OPERATE A BODY ART ESTABLISHMENT

### OFFICE USE ONLY

PERMIT FEE: \$150.00 PAID: \_\_\_\_\_ DATE: \_\_\_\_\_

*The following must be submitted to the Department for review and approval prior to issuance of the Permit.*

Facility floor plans \_\_\_\_\_ Complete description of equipment and instruments \_\_\_\_\_  
Sterilization procedures \_\_\_\_\_ Bloodborne Pathogen Training \_\_\_\_\_ Vaccination records \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ MANAGER: \_\_\_\_\_

TYPE OF BUSINESS: BODY PIERCING \_\_\_\_\_ TATTOOING \_\_\_\_\_ OTHER \_\_\_\_\_

LIST OTHER SERVICES: \_\_\_\_\_

DAYS/HOURS OF OPERATION: \_\_\_\_\_

WATER SUPPLY: \_\_\_ PUBLIC \_\_\_ PRIVATE SEWER SYSTEM: \_\_\_ PUBLIC \_\_\_ PRIVATE

NUMBER OF WORKSTATIONS: \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_

EQUIPMENT: DISPOSABLE \_\_\_\_\_ REUSABLE \_\_\_\_\_

I understand that a representative of the Weber-Morgan Health Department must perform periodic inspections in order to maintain this permit, and that this permit may be suspended or revoked for non-compliance with the Weber-Morgan Body Art Establishment Regulations.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_