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**477 23rd STREET, OGDEN, UTAH 84401 TELEPHONE: (801) 399-7160**

**FAX: (801) 399-7170**

**APPLICATION FOR PERMIT TO OPERATE A**

**BODY ART ESTABLISHMENT**

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| ***OFFICE USE ONLY****PERMIT FEE: $120.00 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: \_\_\_\_\_\_\_\_\_\_\_\_**