

Body Art Operator Permit Application



Business Information

Operator Name	
Street Address	
City ST ZIP Code	
Phone Number	
Place(s) of Employment as an Operator	
Email Address	

Services Offered

Which Body Art services do you offer?

- Artistic Piercing
 Permanent Cosmetics Other (Please Specify): _____
 Microblading

Agreement and Signature

By submitting this application, I hereby agree to abide by all aspects of CUPHD Body Art Regulations. Maintenance of this Permit is conditional upon compliance with CUPHD's Body Art Regulations and may be revoked or suspended with cause.

I hereby **Accept**, **Decline**, or **Have completed Hepatitis B Vaccination**.

Name (printed)	
Signature	
Date	
Environmental Health Scientist Signature	
Public Health Nurse Signature	

- Operator Permits are valid for the calendar year, renewable on January 1st of each year.
- Operator Permits are non-transferable.
- Annual Operator Permit: \$50.00

Office Use Only

Paid: \$50 Permit #: _____
 Payment Received By: _____
 Payment Date: _____
 Payment Method: (check one below)
 Cash Check #: _____ Credit Card
 Receipt #: _____