



Working for Healthy Communities

Body Art Establishment Permit Application

Business Name: _____

Physical Address: _____

Mailing Address: _____

Business Phone: _____ Email: _____

Owner Name: _____ Owner Phone: _____

Address: _____

Please list artists operating under this permit: _____

Services Offered:

- Permanent Cosmetics Microblading
- Artistic Piercing Other _____

Maintenance of this Permit is conditional upon compliance with CUPHD's Body Art Regulations and may be revoked or suspended with cause.

By submitting this application, I hereby agree to abide by all aspects of CUPHD Body Art Regulations.

Applicant's Signature: _____ Date: _____

- Permits are valid for the calendar year, renewable on January 1st of each year.
- Permits are non-transferable.

Office Use Only	
Permit Fee: \$250	Amount Paid: _____ Permit #: _____
Date Received: _____	Received by: _____ Receipt #: _____
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check #: _____ <input type="checkbox"/> Credit Card	
LEHS Approval: _____	Date: _____