



APPLICATION TO OPERATE A BODY ART ESTABLISHMENT

Please submit plans and specifications to the Health Department for review and approval prior to opening.

Date: _____

Name of Applicant: _____ Phone: (____) _____

Address: _____
City
State
Zip

Name of Business: _____ Phone: (____) _____

Address of Business: _____
City
State
Zip

_____ Corporation _____ Individual _____ Legal Owner _____ Owner Operator _____ Partnership

Names of all employees and their exact duties (any changes require Health Department notification):

1. _____
2. _____
3. _____
4. _____
5. _____

Complete description of all body art services to be provided: _____

I HEREBY CERTIFY ALL INFORMATION CONTAINED IN THIS SECTION IS CORRECT

Signature of Facility Applicant: _____ Date: _____

A Health Inspection of your Establishment is required prior to opening. It is your responsibility to contact the Health Department when you are ready for your Pre-Opening Inspection. All Body Art Technicians are required to have a Body Art Technician Permit issued by the Southwest Utah Public Health Department.

Office Use Only

Signature of Health Department Inspector: _____ Date: _____

Approved: Rejected:

Fees Received: \$ _____
Initials