

Body Arts Operator Permit Application



Working for Healthy Communities

<input type="checkbox"/> New Operator (\$50.00)	<input type="checkbox"/> Yearly Renewal (\$50.00)
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Business Information

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

Services Offered

Which Body Arts services does you offer?

- | | |
|--|--|
| <input type="checkbox"/> Artistic | <input type="checkbox"/> Piercing |
| <input type="checkbox"/> Permanent Cosmetics | <input type="checkbox"/> Branding |
| <input type="checkbox"/> Restorative | <input type="checkbox"/> Scarification |

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	

- Operation Permits are valid for the calendar year, renewable on December 31st of that year.
- Operation Permits are non-transferable.
- A 30-day grace period will be given for renewal of the permit.
- Fee Schedule:

New Operator:	\$50.00
Yearly Renewal:	\$50.00