



151 N. Main Street
Environmental Health, Suite 140
Tooele, Utah 84074
Phone (435) 277-2440 • Fax (435) 277-2444
www.tooelehealth.org

APPLICATION FOR BODY ART ESTABLISHMENT PLAN REVIEW

Owner Name: _____ Phone Number: _____

Mailing Address: _____

Email Address: _____ Fax Number: _____

Establishment Name: _____ Phone Number: _____

Street Address: _____ Fax: _____

Mailing Address: _____

TYPES OF SERVICES OFFERED (mark all that apply)

Tattooing [] Permanent Makeup [] Body Piercing [] Branding []

PLAN REVIEW

DATE RECEIVED

Scale drawing of floor plan, Sec. 11.1
Plan review fee, Sec. 11.1
Solid partitions or walls from rooms that may cause potential contamination, Sec. 11.2
45 square feet floor space for each operator, Sec. 11.4
Minimum 1 hand sink/3 operators & lavatory, Sec. 11.7
Storage area for instruments and supplies,

FORMS

Aftercare instructions (signature & date line - 2 copies), Sec 5.1
Disclosure statement (provided by TCHD), Sec. 5.1
Notice for filing a complaint (provided by TCHD), Sec. 5.1
Medical release form, Sec. 6.1
Client information, Sec. 7.1
Minor, parental consent form, Sec. 7.1, 3.10, 15.1
Operator permit(s), Sec. 12.7
Establishment and Employee information, Sec 3.1
Inventory and Body Art Procedures, Sec. 3.1

All of the above statements are true. I understand that any false information on this application may be cause for denial or revocation of my Body Art Health Permit. Permits may be revoked or suspended for violations of Tooele County Health Department Regulation #10. Permits are non-transferable.

Applicant's Signature _____ Date _____

OFFICE USE ONLY

Amount Due: _____ Receipt Number: _____

Permit Number: _____ Date: _____