

___ New Change of ___ Name, ___ Owner, or ___ Location

TETON HEALTH DISTRICT
TETON COUNTY ENVIRONMENTAL HEALTH
PO Box 937, Jackson, WY 83001/460 E. Pearl/307-732-8490/Fax 307-732-8491
BODY ART ESTABLISHMENT LICENSURE APPLICATION



Type of Establishment (Please check one)

- ☐ Body Art Establishment providing Body Piercing only.
☐ Body Art Establishment providing Tattooing only.
☐ Body Art Establishment providing Body Piercing and Tattooing.

Name of Applicant: _____

Name of Business to Occupy Establishment: _____

Establishment Address: _____
(street) (city, state, zip)

Establishment Mailing Address: _____
(P.O. Box) (city, state, zip)

Establishment Phone Numbers: _____
(phone number) (fax) (alternate number)

Type of Ownership: ☐ Sole Proprietor ☐ Corporation ☐ Partnership

If establishment is owned by a corporation, partnership, or other combination of individuals, please attach names, titles, social security numbers and home addresses of all owners.

Name of Owner: _____

Home Address of Owner: _____
(street) (city, state, zip)

E-Mail Address: _____ Telephone: _____

Has any owner or operator of the proposed establishment ever held a body art establishment license or permit? ☐ Yes ☐ No

If yes, please provide the following information for each previous or current body art establishment:

Name of Establishment: _____

Address/City/State/Zip: _____

Establishment License #: _____

Current Status: _____

Has any owner(s) or operator(s) of the proposed establishment been convicted of any criminal offense, other than a minor traffic violation, or formally charged with or disciplined for any violation of the rules, laws or standards of practice of any governmental authority, health care facility, or professional organization? ☐ Yes ☐ No

If yes, list dates, jurisdiction, offense, disposition and any other relevant information on an attached sheet.

Has any owner(s) or operator(s) of the proposed establishment had a license or permit to practice Body Art, or had a license or permit to operate a business, revoked, suspended, fined, placed on probation, or otherwise acted against? ☐ Yes ☐ No

If yes, list dates, jurisdiction, offense, disposition and any other relevant information on an attached sheet.

Please submit the following along with the completed application:

- 1 Certificate of Occupancy
- 2 Exposure Control Plan
- 3 Client Application and Client Consent Form (should include apprentice consent)
- 4 After Care Instructions
- 5 Floor Plans of proposed establishment, including description of surface materials and number of body art stations
- 6 Fee for \$175.00 (initial) or \$125.00 (renewal) made payable to *Teton County Public Health*

I AUTHORIZE TETON COUNTY PUBLIC HEALTH, ITS AGENTS AND EMPLOYEES TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN THIS APPLICATION.

Signature(s) of Owner/Operator(s) or Corporate Officer(s)

Date

I AGREE TO OPERATE ONLY UNDER THE NAME OR THE DESIGNATION SPECIFIED ABOVE AND I AGREE TO NOTIFY THE TETON COUNTY ENVIRONMENTAL HEALTH AT LEAST 14 DAYS PRIOR TO ANY CHANGE OF NAME, ADDRESS, OR OWNERSHIP. I HAVE RECEIVED, READ, AND AGREE TO ABIDE BY THE RULES OF BODY ART OF TETON HEALTH DISTRICT.

I CERTIFY UNDER THE PENALTIES OF PERJURY THAT ALL INFORMATION CONTAINED IN THE APPLICATION IS TRUE AND CORRECT. ANY MISSTATEMENTS IN THIS APPLICATION ARE GROUNDS FOR REFUSING TO ISSUE OR FOR REVOCATION OF ANY LICENSE ISSUED.

Signature(s) of Owner/Operator(s) or Corporate Officer(s)

Date