

BODY ART HEALTH LICENSE APPLICATION

DATE _____

Facility Permit: New Facility Remodel Change of Ownership
 Permit Type: Body Art Piercing Body Art & Piercing (scalp) Micropigmentation

OWNER CONTACT INFORMATION (HEALTH LICENSE HOLDER)

Owner of Business
 (Print Corporation or LLC, if applicable) _____

Sole Proprietorship: Partnership Corporation: LLC:

Owner Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

FACILITY INFORMATION

Name of Business: _____

Facility Address: _____

City: _____ State: PA Zip Code: _____

Phone: _____ Cell: _____ Email: _____

FACILITY ESTABLISHMENT INFORMATION (ANSWER ALL QUESTIONS)

Projected Date of Opening: _____ Hours of Operation

<input type="checkbox"/> Monday	Time _____ to _____	<input type="checkbox"/> Friday	Time _____ to _____
<input type="checkbox"/> Tuesday	Time _____ to _____	<input type="checkbox"/> Saturday	Time _____ to _____
<input type="checkbox"/> Wednesday	Time _____ to _____	<input type="checkbox"/> Sunday	Time _____ to _____
<input type="checkbox"/> Thursday	Time _____ to _____		

BODY ARTIST APPLICANT

Applicant Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Cell: _____ Email: _____

AGREEMENT

- New Permits & Remodels:** Call (717) 291-4824, to make an appointment to submit plans for review.
- Change of Ownership:** Email **ALL** documents to health@cityoflanasterpa.gov.
- Fees:** Change of ownership and annual health permit fees must be paid at the time of application submission; **Health fees are paid annually based on anniversary date of the application and are non-refundable.**
 Artist: \$45.00 Owner: \$45.00 Apprentice: \$45.00
- Forms of Payment:** Personal Checks, Business Checks, or Money Order are accepted.
- Regulations:** Body Art regulations may be found online at: Codified Ordinance of the City of Lancaster Tattoo and Body Piercing. Regulations available upon request.

SIGNATURE

PRINT NAME

DATE