BODY ART ESTABLISHMENT LICENSE APPLICATION FOR CALENDAR YEAR 2019

This application will be rejected unless all questions are fully answered, proper remittance is attached, and Health Department approval is obtained. If your check is rejected by the bank due to insufficient funds, a license will not be issued until full payment is received. A check return fee of $30.00 will be charged. All payments made subsequent to a check returned due to insufficient funds must be by cash, credit card, money order, or other certified funds acceptable to Tri-County Health Department.

Mail remittance and application to: **Tri-County Health Department**
6162 S. Willow Drive, Suite 100
Greenwood Village, CO 80111

Health Department Approval

Approved by: ___________________________

Date: _________________________________

Owner/Account Information

Business Code

☐ Individual / Sole Proprietor **(Must complete Affidavit of Citizenship w/copy of approved identification)**

☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Local Agency / District

☐ County Agency ☐ State Agency ☐ Federal Agency ☐ Non-Profit 501(c)(3) [Please enclose copy of IRS letter of explanation] ☐ Other

Full legal name of corporation, individual owner, or non-profit:	Contact name:

Owner Street #	Direction	Street Name	Street Type	Unit Type	Unit #

City	State	Zip	Owner Phone Number	Owner Email Address

Facility Information **Address same as: ☐ Owner Address**

Facility Name (Trade Name/DBA)

Street #	Direction	Street Name	Street Type	Unit Type	Unit #

City	State	Zip	Facility Phone Number	Facility Email Address

County: ☐ Adams ☐ Arapahoe ☐ Douglas

Send Invoices to: **☐ Owner/Account Record** **☐ Facility Record**

Mail Permit/License to: **☐ Owner/Account Record** **☐ Facility Record**

Hours of Operation: ____

Seasonal? ☐ Yes ☐ No

☐ If seasonal, mark each business month: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

In consideration thereof, I do hereby certify that I have complied with all of the applicable regulations set forth in the Tri-County Health Department Regulations for Body Art Establishments ("Regulations"), and that I have complied with all orders given by authorized inspectors of Tri-County Health Department. I do hereby agree that in the event that the requirements of the Regulations are not complied with, I will discontinue advertising Body Art services and / or operating a Body Art Establishment, pursuant to the provisions of the Regulations, until such time as requirements are met.

Applicant's Signature	Title	Date

☐ Body Art License……………………………………….$335.00

☐ Body Art – Temp……………………………………….$335.00

Additional Facility Information

Office: ❑ Admin. ❑Aurora
❑ Castle Rock ❑ Commerce City

EHS Area #: ______________________

Sewer: ❑ Sewer District ❑ Septic ❑ Unknown ❑ Other

Water: ❑ Public Community ❑ Other ❑ Unknown
❑ Private Well ❑ Public Non-Community

Well Permit # (PWSID): ____________________

General Program Information (Body Art)

❑ New Establishment ❑ Change of Owner ❑ Information Changes Only

OW# ______________ **FA#**_______________ **AR#** _______________ **PR#**______________

Are other general health programs associated with this facility and owner? ❑ Yes ❑ No

Previous Owner Name: ____

Service Request #: ____

Program Details

Program Element (PE): ____

Designated (Assigned) Employee: ____

Program Type *(Inspection Code):*

✓ Body Art

Uses sterilized and packaged auto clave equipment: ❑ Yes ❑ No ❑ Unknown ❑ N/A
Uses one-time use disposal equipment: ❑ Yes ❑ No ❑ Unknown ❑ N/A

Expiration Date: Permit is valid to: 12/31/__________________

Comments/Pre-inspection Notes:

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