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## Body Art Establishment Application

### Purpose of Application

New

Change of Ownership

Information Update Only

### The Business

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Unit Info: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sewage System Jurisdiction: \_\_\_\_\_

Water System Jurisdiction: \_\_\_\_\_

City/Public Water

Well Water

If facility is on a well, what is the PWSID#?: \_\_\_\_\_

### Ownership

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Type of Ownership (as indicated on your Colorado Business/State Sales Tax Registration):

Individual (Sole Proprietor)

Non-Profit

Partnership

Government

Corporation/LLC

Other: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Send invoices and physical license to:  Owner address  Facility address

**Operations:**

Year Round	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
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**Operating Days and Hours:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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By appointment only:  Yes  No

**Other Details (Office/Inspector Use Only):**

Uses sterilized and packaged auto clave equipment:  Yes  No

Uses one-time use disposal equipment:  Yes  No

Single artist shop:  Yes  No: \_\_\_\_\_ (How many stations?)

Does the shop tattoo/pierce minors?  Yes  No

**Body Art License Fee..... \$310**

**Temporary Event Body Art License Fee..... \$310**

**Temporary Event Body Art Inspection Fee..... \$45/hour**

Make checks payable to Douglas County Health Department

Submit this form and payment to:

Douglas County Health Department

410 South Wilcox Street

Castle Rock, CO 80104