Western Plains
PUBLIC HEALTH
Dedicated to Healthier Communities
GRANT · MERCER · MORTON · OLIVER · SIOUX

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westernplainsph.org
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BODY ART ESTABLISHMENT LICENSE APPLICATION

APPLICATION PLAN REVIEW FEE: $50
ANNUAL FEE: $150

OWNER		
NAME		
MAILING ADDRESS	CITY/STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS	
ESTABLISHMENT		
NAME		
ADDRESS	CITY/STATE	ZIP CODE
MAILING ADDRESS	CITY/STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS	

*Please submit a floor plan drawing of the proposed establishment for Department review.

I have read and understand the requirements as detailed in the Western Plains Public Health's Body Art Code and Guidelines and agree to the terms and requirements for a Body Art Establishment. I further agree to the requirements of the Code in their entirety as relates to hiring, operating and maintaining records. I understand that failure to abide by the requirements of the Code may result in legal action against the license and license holder. **Western Plains Public Health's Body Art Code as well as an online payment link can be found at: https://www.westernplainsph.org/body-art-safety-sanitation**	
OWNER SIGNATURE	DATE

FOR OFFICE USE ONLY			
REVIEWED BY	DATE PAID	CASH/CHECK #/CC	AMOUNT