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

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BODY ART OPERATOR/TECHNICIAN LICENSE APPLICATION

BIANNUAL FEE: $75

NAME	TELEPHONE NUMBER	
MAILING ADDRESS	CITY/STATE	ZIP CODE
EMAIL ADDRESS	DATE OF BIRTH	DATE OF LAST HEP B VACCINATION*
ESTABLISHMENT NAME	ESTABLISHMENT OWNER	
ESTABLISHMENT ADDRESS	CITY/STATE	ZIP CODE

PROCEDURES TO BE PERFORMED:

◯ Body Piercing ◯ Tattooing ◯ Cosmetic Tattooing ◯ Branding ◯ Scarification ◯ Other

TRAINING AS A BODY ART OPERATOR/TECHNICIAN

(Detail any classes, internships, apprenticeships, or certifications you have completed)

EMPLOYMENT HISTORY AS A BODY ART OPERATOR/TECHNICIAN

(List dates and place(s) of employment as a body art operator/technician)

Please attach a photo copy of your ID, proof of Hepatitis B vaccination, proof of completion of a Bloodborne Pathogen training, and proof of completion of any CPR and/or First Aid training.

*Declination paperwork must be signed and filed with the Department.

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**

SIGNATURE	DATE

FOR OFFICE USE ONLY

REVIEWED BY	DATE	CURRENT CPR/FIRST AID ☐		CURRENT BBP TRAINING ☐
DATE PAID	CASH/CHECK #/CC ◯ ◯ ◯	COPY OF ID ☐	HEP B ☐	AMOUNT

revised Sept 2025