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

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TEMPORARY BODY ART ESTABLISHMENT LICENSE APPLICATION

ESTABLISHMENT		
TEMPORARY EVENT LOCATION	ADDRESS	
LOCATION OWNER/EVENT COORDINATOR	PHONE #	EMAIL ADDRESS
MAILING ADDRESS	CITY/STATE	ZIP

EVENT INFORMATION	
DATE(S) & TIME(S) OF EVENT	SERVICES OFFERED
BODY ART OPERATOR/TECHNICIAN*	LICENSE #**
BODY ART OPERATOR/TECHNICIAN*	LICENSE #**
DESCRIPTION OF EVENT	

LOCATION AND SETUP ARE SUBJECT TO INSPECTION PRIOR TO OPERATION. A TEMPORARY PERMIT IS NOT TRANSFERABLE AND ONLY VALID FOR 14 DAYS **OR** AT THE CONCLUSION OF THE EVENT, WHICHEVER IS LESS.

*If additional artists, please attach a list of all artists with license #'s and services provided.

**Artist must hold a license with WPPH to operate in WPPH jurisdiction. Please contact our office to obtain licensure.

Please submit a drawing of the location layout.

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/EVENT COORDINATOR SIGNATURE	DATE

FOR OFFICE USE ONLY			
REVIEWED BY	DATE	OPERATOR/TECHNICIAN LICENSE(S) VERIFIED ☐	
DATE PAID	CASH / CHECK # / CC ○ ○ ○		AMOUNT $75