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

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TEMPORARY BODY ART OPERATOR / TECHNICIAN LICENSE APPLICATION

ESTABLISHMENT		
TEMPORARY LOCATION	ADDRESS	
IS THIS A LICENSED ESTABLISHMENT?	ESTABLISHMENT LICENSE #*	
ESTABLISHMENT OWNER	PHONE #	EMAIL

*Body artists must work within a licensed facility. If an establishment license is not held with Western Plains Public Health, please contact to obtain proper licensure.

OPERATOR/TECHNICIAN		
NAME	MAILING ADDRESS	
PHONE #	EMAIL	
CURRENT OPERATION LOCATION NAME	CITY/STATE	ARTIST LICENSE #
SERVICES OFFERED	DATE OF LAST HEP B VACCINATION**	
EVENT		
DATE(S) & TIME(S) OF EVENT	DESCRIPTION OF EVENT	

ARTIST IS 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.

PLEASE ATTACH A COPY OF CURRENT BLOODBORNE PATHOGEN TRAINING, CPR/FIRST AID TRAINING, PHOTO COPY OF ID, AND PROOF OF HEPATITIS B VACCINATION.

**Declination form 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 Operator. 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**

BODY ARTIST 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 $50

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