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BODY ART ESTABLISHMENT LICENSE APPLICATION

ANNUAL FEE: \$100.00

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

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.

AUTHORIZED SIGNATURE		
TITLE		DATE
For Office Use Only		
REVIEWED BY		DATE
DATE PAID	CASH/CHECK #	AMOUNT