SALT LAKE COUNTY
HEALTH DEPARTMENT

Temporary Body Art Establishment Permit Application

Sanitation & Safety Bureau; Environmental Health Division
385-468-3835; HealthSan@slco.org

- Incomplete applications will not be accepted.
- Each booth location requires its own permit.
- Fees are not refundable, and permits are not transferable.
- Applications will not be processed until payment has been received.
- Violations that may result in immediate closure include but are not limited to:
  - Eating, drinking, or smoking in body art area;
  - Use of alcohol, drugs, or other intoxicating substances;
  - Lack of hand washing station.

Application Date

Business/Organization Name | Applicant Name | Person(s) in Charge *(if different)*

Mailing Address | City | State | ZIP

Phone Number at Event | Alternate Phone Number | Email

Event Name | Event Location Name

Event Location Street Address | Event Date(s) | Setup Start and Stop Times

Services offered at event: ☐ Tattoo ☐ Body Piercing ☐ Permanent Cosmetics

Equipment and instruments: ☐ Single-use disposable ☐ Reusable equipment requiring sterilization

1. **If using reusable equipment, how will you clean and decontaminate/sterilize the equipment?**

2. **Infectious waste will be disposed by:** ☐ Event Organizer ☐ Body Art Operator
3. **Handwashing station will be provided by:** ☐ Event Organizer ☐ Body Art Operator

   If using temporary handwashing stations, a wastewater disposal site must be available.

4. **Patron consent form will be provided by:** ☐ Event Organizer ☐ Body Art Operator
5. **Aftercare instruction form will be provided by:** ☐ Event Organizer ☐ Body Art Operator

   Patron consent and aftercare instruction forms must contain the information required by Regulation #19 § 4.2.5 and 4.2.6

Applicant Signature | Date

Submit

Must be using Adobe Reader to sign and submit via button.

For payment, call **385-468-3835** to provide credit card information (Visa/MasterCard only) or print and send check or money order to:
SLCoHD
788 East Woodoak Lane
Murray, Utah 84107

HEALTH DEPARTMENT USE ONLY

Est. # | Approved by: LEHS | Date

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