Body Art Establishment Application

Environmental Health Division

Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

Site No._____

Date Received_____

For Office Use Only

Incomplete Applications will not be approved

Name of Establishment: _____Establishment Phone: (____)_____

Establishment Address:_____City/State/Zip:_____

Name and E-Mail (inspections sent to): _____

Name and E-Mail (inspections sent to): _____

Name and E-Mail (inspections sent to): _____

Owner's Name:_____Owner's Phone: (____)_____

Owner's Address:_____City/State/Zip:_____

Billing Name:_____ Billing Phone: (____)_____

Billing Address: _____City/State/Zip:_____

Emergency Contact Person:_____ Phone: (_____)_____

State License Number:_____

Permit Type: ☐ Tattoo or Cosmetic ONLY ☐ Piercing ONLY ☐ Tattoo or Cosmetic AND Piercing

Please check the appropriate box/boxes that best describes your establishment:

ESTABLISHMENT INFORMATION	
Building: ☐ Existing Body Art Establishment ☐ Remodel of Existing Body Art Establishment (must submit plans) ☐ Change of Concept (not previously a Body Art Establishment; must submit plans) ☐ New Building (must submit plans)	
Number of Active Tattoo or Cosmetic Artists:_____	Number of Active Tattoo or Cosmetic Apprentices:_____
Number of Active Piercers:_____	Number of Active Piercing Apprentices:_____

FEES
$600 Annual Body Art Establishment Permit

TOTAL PERMIT FEES DUE
$600

I (we) apply for a permit to operate a Body Art Establishment and by this application do agree to comply with the rules and regulations set forth by the Wichita Falls-Wichita County Public Health District. I (we) understand that any falsifications or omissions as to the material fact or any violation of any law by designees or myself will constitute grounds for revocation or suspension of this permit by the Health District.

Applicant Print Name	Applicant Signature	Date