



Body Art Temporary Establishment App

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

These events last no more than 7 consecutive days and applicants are limited to 4 Temporary Body Art Event Permits per year per jurisdiction.

Applicant Name: _____ Phone: (____) _____

Applicant Address: _____ City/State/Zip: _____

Applicant Business Name: _____ Business Phone: (____) _____

Applicant Business Address: _____ City/State/Zip: _____

State License Number: _____

E-Mail (inspections sent to): @ _____

Event Name: _____ Phone During Event: (____) _____

Event Address: _____ City/State/Zip: _____

Event Start/End Date(s): _____ Date(s)/Time of Setup: _____ Date(s)/Time of Opening: _____

Emergency Contact Person: _____ Phone: (____) _____

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

ADDITIONAL REQUIERD INFORMATION

- Copy of current blood borne pathogen training certificate for each artist
- Proof each artist has completed the Hepatitis B vaccination series or statement declining vaccination
- Copy of aftercare instructions given to clients from each artist
- Copy of client release form used by each artist
- Artists not licensed in Wichita Falls: Copy of State Licenses or a list of references from last 2 years of work history

NAMES OF ALL ARTISTS

1.	6.	11.
2.	7.	12.
3.	8.	13.
4.	9.	14.
5.	10.	15.

FEES

\$250 Temporary Body Art Establishment Permit

TOTAL PERMIT FEES DUE

\$250

I (we) apply for a permit to operate a Temporary 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