Body Art Individual 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

Facility #_____
Date Received_____
For Office Use Only

Email Applications to WFEnvironmentalHealth@wichitafallstx.gov

Must include proof of Blood Borne Pathogens Training and either proof of Hepatitis B Vaccination or submit a Refusal to Vaccinate Form

Name: _____ Date of Birth: _____
First Middle Last MM/DD/YEAR

Home Address:_____ City/State/Zip:_____

Mailing Address:_____ City/State/Zip:_____

Best Daytime Phone: (_____)_____ Secondary Phone: (_____)_____

E-Mail Address: _____

Business Name:_____ Business Phone: (_____)_____

Business Address: _____ City/State/Zip:_____

Emergency Contact Person:_____ Phone: (_____)_____

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

TRAINING INFORMATION		
Start Date:	End Date:	Artist Name:
Establishment Name:		Establishment Address:
Start Date:	End Date:	Artist Name:
Establishment Name:		Establishment Address:
Start Date:	End Date:	Artist Name:
Establishment Name:		Establishment Address:

WORK HISTORY (not including training)	
Establishment Name:	Establishment Address:
Establishment Name:	Establishment Address:
Establishment Name:	Establishment Address:

FEES
$430 Individual Body Art License + $110 Testing Fee

TOTAL LICENSE FEES DUE
$540

I apply for a license to conduct Body Art in a permitted 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 _____