



Tattoo/Body Piercing Application For New Facility Permit

I. Applicant Information:

Date: _____

Business Name: _____

Business Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

II. Owner Information:

Owner Name: _____

An Individual A Partnership A Corporation

Owner Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

III. Procedures to be Performed (Check all that apply):

Tattooing Body Piercing

Number of Operators:

There are _____ tattoo practitioners, _____ body piercers.

IV. Certification

According to §621.030. Saint Louis County Revised Ordinance of 1974: (check all after reading):

- No person, firm, or corporation shall operate a tattoo or body piercing establishment without a current and valid permit issued by the Director of the Saint Louis County Department of Public Health.
- Only a person who complies with the requirements of §621.030 shall be entitled to receive or retail such a permit.
- A tattoo and body piercing establishment is defined by ordinance as any place or facility where the art of tattooing/body piercing is performed.
- I certify that there are no school buildings within five hundred (500) feet of the proposed establishment or that the establishment has been in operation continuously since prior to January 4, 1996.
- I certify that all operators employed by the applicant possess a valid Operator's Card issued by Saint Louis County Department of Public Health.

Fee Schedule: \$100. Make check payable to: Saint Louis County Department of Public Health (DPH).

The undersigned hereby applies for a Registration/Permit to Operate and agrees to operate in accordance with all applicable state and local regulations laws, such inspection procedures needed to ensure compliance. Payment of the required fees and late penalties, if any, are to ensure a valid permit is required before commencing of continuing operations. Failure to do so may result in enforcement action, permit suspension/revocation proceedings, and/or closure. Notify the Department of Public Health of any change in the type of business activity, name, billing address, or ownership. **Registration/permit and fees are not transferable.**

Signature of Applicant: _____ Date: _____

Print Name: _____