



# Body Art Facility Permit Application

Physical Address: 22 South State Street, Clearfield, UT 84015

Mailing Address: P.O. Box 618, Farmington, UT 84025

Email Address: [DCEnvHealth@daviscountyutah.gov](mailto:DCEnvHealth@daviscountyutah.gov)

Phone: 801-525-5128, Fax: 801-525-5119

Services Offered:  Tattoo  Piercing  Permanent Makeup  Microblading

Type of Application:  New Facility  Permit Renewal  Change of Ownership  Remodel

## Body Art Facility Information

Business Name:	Phone Number:
Physical Address:	City/State/Zip:
Email Address:	Hours of Operation:

## Business Location (if operating within another business)

Business Name:	Facility Phone Number:
Physical Address:	City/State/Zip:
Facility Owner Name:	Facility Owner Phone Number:

## Invoice Information Same as: Body Art Facility Information

Name:	Attn:
Billing Address:	City/State/Zip:

## Mailing Information Same as: Body Art Facility Information Same as: Invoice Information

Name:	Attn:
Mailing Address:	City/State/Zip:

## Operator Information

Operator Name(s)	Phone Number(s)	Email(s)

*A Department representative must be provided access to the regulated premises upon providing identification. A permit is not transferable and the Davis County Health Department must be notified prior to making any changes or modifications to the approved facility, operations, or permit information. Failure to comply with the applicable rules and regulations may result in the suspension or revocation of the permit. **I hereby certify that all the information provided in the application is correct and I understand and agree to the conditions of this permit.***

Applicant Signature: \_\_\_\_\_ Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

## Permit Approval (Office Use Only)

<input type="checkbox"/> Plans (No Electronic)	<input type="checkbox"/> Application	Pre-Opening Inspection Date: _____
<input type="checkbox"/> Permit Fee	Date Paid: _____	Amount Paid: \$ _____ Receipt # _____
<input type="checkbox"/> Plan/Site Review Fee	Date Paid: _____	Amount Paid: \$ _____ Receipt # _____