



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

Services Offered: Tattoo Piercing Permanent Makeup Microblading

Business Information

Business Name:	Business Phone Number:
Business Owner Name:	Business Owner Email:

Temporary Event Information

Event Name:	Event Date(s) & Time(s):
Event Address:	City/State/Zip:
Event Organizer:	Event Organizer Phone:

Sterilization Procedures

Check all that apply: Single-Use Disposal Sterilized Equipment (Procedure Review Needed)

Where will equipment be taken for sterilization? _____

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)
1		
2		
3		

*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)

Plans (No Electronic) Application Pre-Opening Inspection Date: _____

Permit Fee Date Paid: _____ Amount Paid: \$ _____ Receipt # _____

Plan/Site Review Fee Date Paid: _____ Amount Paid: \$ _____ Receipt # _____