

## **YEAR 2025**

## APPLICATION FOR TIME LIMITED PERMIT TO PERFORM BODY PIERCIING AND/OR TATTOOING

Owner / Operator's name:	
Address:	
Phone No.: ( )	
Company's Name	
Company's Address:	
Company's Phone No.: ( )	
Address of Event:	
	PLY WITH ALL LAWS AND REGULATIONS, STATE, CABLE TO TATTOOING AND BODY PIERCING.
Signature of Applicant	Date
	**************************************
Date Permit Issued:	Date Permit Denied:
Permit No.:	
Sanitarian Signature:	Date: