
Body Art Establishment Application

Purpose of Application

☐ New

☐ Change of Ownership

☐ Information Update Only

The Business

Facility Name: _____

Facility Address: _____

Unit Info: _____

City: _____ State: _____ Zip Code: _____

Sewage System Jurisdiction: _____

Water System Jurisdiction: _____

☐ City/Public Water

☐ Well Water

If facility is on a well, what is the PWSID#?: _____

Ownership

Owner Name: _____

Owner Address: _____

Type of Ownership (as indicated on your Colorado Business/State Sales Tax Registration):

☐ Individual (Sole Proprietor)

☐ Non-Profit

☐ Partnership

☐ Government

☐ Corporation/LLC

☐ Other: _____

Contact Name: _____

Email: _____

Phone Number: _____

Send invoices and physical license to: ☐ Owner address ☐ Facility address

Operations:

Year Round	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

Operating Days and Hours:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

By appointment only: ☐ Yes ☐ No

Other Details:

Uses sterilized and packaged auto clave equipment: ☐ Yes ☐ No

Uses one-time use disposal equipment: ☐ Yes ☐ No

Single artist shop: ☐ Yes ☐ No: _____ (How many stations?)

Does the shop tattoo/pierce minors? ☐ Yes ☐ No

Once completed you may submit the application to
EH@douglasco.gov or mail it to **11045 E. Lansing Circle, Third Floor,
Englewood, CO 80112.**

- Body Art Plan Review Fee: \$100
- Body Art License Fee: \$355
- Temporary Event Body Art Inspection Fee: \$60/hour

Make checks payable to Douglas County Health Department

Submit this form and payment to:
Douglas County Health Department
11045 E. Lansing Circle, Third Floor,
Englewood, CO 80112.