



# Public Health

Consumer Protection Program

## License Application for Body Art Establishment

This application will be rejected unless all questions are fully answered, proper remittance is attached, and Boulder County Public Health has approved your application.

Make payments payable to Boulder County Public Health.

### Type of License (please check one)

- |  |              |
|--|--------------|
| <input type="checkbox"/> Body Art Establishment; Tattoo or Piercing Only | Fee of \$353 |
| <input type="checkbox"/> Body Art Establishment; Tattoo and Piercing     | Fee of \$353 |
| <input type="checkbox"/> Body Art Establishment; Permanent Make-up       | Fee of \$250 |
| <input type="checkbox"/> Temporary Special Event Body Art Facility       | Fee of \$353 |
| <input type="checkbox"/> Mobile Body Art Vehicle                         | Fee of \$353 |

1. Applicant is applying as a(n):

- Individual    Partnership    Corporation    Limited Liability Company

2. Name of Applicant(s): If partnership, please list partners' names. If a corporation, list name of corporation.

---

---

---

---

3. Name of Business (Trade or Assumed Name): \_\_\_\_\_

4. Colorado Sales Tax Number: \_\_\_\_\_

5. Business Phone Number: \_\_\_\_\_

6. Email: \_\_\_\_\_

7. Address of Premises (Include Street, City, State, and Zip Code):

---

---

8. Mailing Address (If Different from Above):

---

---



**Permanent Body Art Establishment**

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Does the applicant have legal possession of the premises?     Yes  No

Is there a liquor license at this location?     Yes  No

**Mobile Body Art Vehicle**

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

Year: \_\_\_\_\_ VIN Number: \_\_\_\_\_

**Temporary Special Event Body Art Facility**

Name and Location of Event: \_\_\_\_\_

Date/Time of Event: \_\_\_\_\_

Sponsor of Event: \_\_\_\_\_

Is there a liquor license for this event?     Yes  No

**Oath of Applicant**

I declare that this application and all attachments are true, correct, and complete to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_