

**CALVERT COUNTY HEALTH DEPARTMENT**

**Division of Environmental Health**

**150 Main Street, Suite 100**

**P.O. Box 980**

**Prince Frederick, MD 20678**

**410-535-3922/301-855-1557**

**Fax# 410-535-5252**

[www.calverthealth.org](http://www.calverthealth.org)

Amount Due:	_____
Date Paid:	_____
Pd By:	_____

**APPLICATION FOR LICENSE TO OPERATE A BODY ART, TATTOO AND/OR BODY PIERCING ESTABLISHMENT**

Application is hereby made to operate a Body Art, Tattoo and/or Body Piercing Establishment in accordance with the Calvert County Ordinance No. 34-13. Please see fee schedule for most current permit fees. The fee must accompany the application. Please make all checks payable to Calvert County Health Department.

**PLEASE PRINT OR TYPE**

**Type of Application:** NEW \_\_\_\_\_ CHANGE OF OWNERSHIP \_\_\_\_\_ RENEWAL \_\_\_\_\_

**I. Facility Information**

Name of Business: \_\_\_\_\_ T/A: \_\_\_\_\_

Former Name of Business (if applicable): \_\_\_\_\_

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

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

Directions: \_\_\_\_\_

Facility Phone#: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Person Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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**II. Business Owner (Licensee Agent)**

(Please Print)

Name: \_\_\_\_\_

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

Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_ Tax ID# (FEIN): \_\_\_\_\_

Signature: \_\_\_\_\_

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**III. Property Owner**

Name: \_\_\_\_\_

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

Phone#: \_\_\_\_\_

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**VII: Workers Compensation Insurance**

Does business have valid Workers Compensation Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**IV: Utilities**

Water Supply: \_\_\_\_\_ Public \_\_\_\_\_ Private\*

\* For "private wells", does the facility serve 25 or more patrons, for 60 days or more per year?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

Sewerage: \_\_\_\_\_ Public \_\_\_\_\_ Private

Sharps Disposal Contractor: \_\_\_\_\_

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**V: Facility Sanitation & Client Safety**

Surface Sanitizer Used: \_\_\_\_\_ Skin Cleanser Used: \_\_\_\_\_

Hand Sanitizer Used: \_\_\_\_\_ % Alcohol: \_\_\_\_\_

Autoclave: Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

Last Tested \_\_\_\_\_  
 (Please Provide Copy of Results)

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**VI: Artist Information (Please provide copies of all training certificates, driver's license and/or photo id's)**

<i>Artist Name</i>	<i>Home/Mobile Phone #</i>	<i>Services Performed</i>	<i>1<sup>st</sup> Aid Cert.</i>	<i>CPR Cert.</i>	<i>Bloodborne Pathogen Cert.</i>

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**OFFICIAL USE ONLY: License Number:** \_\_\_\_\_ **License Issue Date:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_