

## Body Art Establishment Application Instructions

- 1 Mark the box that describes the establishment type and provide the date of opening if already open, or provide the tentative opening date if establishment is to open in the future.
  - 2 Legal name of the establishment as you want it to appear on the permit.
  - 3 If the establishment is a permanent location, provide the address, city, county and zip code.
  - 4 *\*\*\* This section is not currently applicable. \*\*\*  
If establishment has relocated, provide the previous permit number.*
  - 5 If the establishment is a mobile unit, provide the home base address, city, county, state and zip code.
  - 6 Provide establishment telephone number and FAX number if available.
  - 7 Provide an e-mail or web site address if available.
  - 8 Provide an emergency contact name and telephone number.
  - 9 Provide a mailing address if the establishment wishes to receive mail from the Department at a location different than the establishment address.
  - 10 Provide the name of the person applying for the permit and the age of the applicant.
  - 11 Provide the applicant's address, city, state and zip code.
  - 12 Provide applicant's telephone number and FAX number if available.
  - 13 Provide the number of body art work stations located at the establishment.
  - 14 Provide the days that the establishment will be open during the week and the hours for each day. If you have seasonal hours that change, please note them.
  - 15 Mark the ownership type that best describes the owner of the establishment. List the legal name and provide the identifying number, (social security or FEIN).
- \*\*\*\*\* Continue application on back. \*\*\*\*\*
- 16 List mechanical equipment, (including year of manufacture when available) such as tattoo machines, sterilization units, cleaning systems and power supplies.
  - 17 Submit copies of the attachments listed.  
SEE BACK SIDE OF INSTRUCTION PAGE FOR DETAILS.
  - 18 Provide the signature of the responsible person for the establishment and provide the printed name as well as the date the application was completed

The Body Art Establishment Registration application requires applicants to submit copies of Sterilization/Operation Procedures, an Establishment Floor Plan, Aftercare Instructions, and a Parental Consent form, *only if piercing procedures are available for minors*. Contact the Body Art Program Coordinator, 217-785-2439 with questions.

### **Attachment One: Sterilization/Operational Procedures**

Submit a copy of the establishment procedures. The following outline highlights the area each establishment must minimally address in its written procedures. Your procedures may go beyond the outline if you have additional items you wish to include.

1. Sterilization methods used for all reusable items.
2. Testing methods used to ensure sterilization process is working.
3. Storage methods used to ensure all sterilized items remain sterilized.
4. Method used to gather client information and record storage method.
5. Method used for maintaining records of all procedures performed.
6. Method used to ensure client is eighteen years of age.
7. Method for collection of parental consent if client is a minor requesting piercing procedure.
8. Method for preparing the procedure site.
9. Method for aftercare procedure and client instructions.
10. Work station cleanup after procedure is completed.
11. Methods used to deal with a possible emergency. (*These do not need to include any type of medical analysis or EMT services. The emergency procedure is necessary to ensure everyone knows what actions to take during an emergency and to prevent unplanned actions during any emergency. An example for an emergency procedure can be as simple as dialing 9-1-1.*)

### **Attachment Two: Floor plan of establishment**

Submit a floor plan of the facility. This attachment **does not require** an architectural drawing or blue print. The following items must be included in the drawing. *The drawing may include other features as needed.*

1. Entrance and exits
2. Workstations
3. Hand sinks
4. Sterilization area
5. Washroom
6. Storage room
7. Sitting area if available

### **Attachment Three: Aftercare Instructions**

Please include a copy of the instructions given to clients after any procedure has been performed. The instructions should include directions on using any washes, salves or creams, the rinse schedule and the actions that need to be taken if problems arise as a result of the procedure.

### **Attachment Four: Parental Consent form (For Body Piercing ONLY)**

Please include a copy of the consent form used to obtain the parental consent for minors when Body Piercing procedures are made available. *If this service is not available, a consent form shall not be required.*

# BODY ART ESTABLISHMENT REGISTRATION APPLICATION

Permit number _____
Fee paid _____

Illinois Department of Public Health  
Division of Food, Drugs and Dairies  
525 W Jefferson St., Springfield IL 62761-0001  
Phone 217-785-2439 FAX 217-782-0943  
TTY (hearing impaired use only) 800-547-0466

TYPE OF ESTABLISHMENT:     Permanent     \*\*Mobile    Initial date of opening \_\_\_\_\_

Establishment name \_\_\_\_\_

Establishment Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ ZIP code + 4 \_\_\_\_\_

If change of permanent location, list previous establishment permit number \_\_\_\_\_

\*\*Home base address if establishment is mobile \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Email address/web site \_\_\_\_\_

Emergency contact name/number \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_

**Mailing Address (if different from above)**

Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP code + 4 \_\_\_\_\_

Applicant (Owner) Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP code + 4 \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Number of Body Art Procedure work stations located at establishment: \_\_\_\_\_

Days and hours of establishment operation \_\_\_\_\_

Type of Ownership (MARK ONLY ONE)

**Sole Proprietor** (Name and Social Security number) \_\_\_\_\_

**Partnership/Multiple owners** (List name and Social Security number of each owner) \_\_\_\_\_

**Limited Liability Company** (List complete name of LLC and FEIN ) \_\_\_\_\_

**Corporation** (List complete name of Corp and FEIN ) \_\_\_\_\_

List the Registered Agent on file with the Secretary of State when either an *LLC* or *Corporation* is marked.

List equipment used for tattoo and/or body piercing services such as sterilizers, tattoo machines, cleaning systems, etc. Do not include disposable supplies.

Type	Year of manufacture if available
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- Submit copies of:
- Sterilization/Operational Procedures**
  - Establishment Floor Plan**
  - Aftercare Instructions**
  - Parental Consent form** (applicable to piercing services only)

along with application and fee to

Illinois Department of Public Health  
Division of Food, Drugs and Dairies  
525 W. Jefferson St.  
Springfield, IL 62761

**Fee requirement calculation. Submit the registration fee of \$500.00 US dollars for the establishment and one work station, PLUS \$50.00 US dollars for each additional work station. (Example, establishment with 4 workstations shall pay \$500 plus \$150 (3 x 50) for a total of \$650.)**

*This application must be signed by the owner, if an individual; by one of the partners, if a partnership; or by an officer of the company or corporation.*

I affirm that I am the owner, partner or officer of the firm name as shown on page one, that I am authorized on the part of said applicant to verify and file with the Illinois Department of Public Health this application, and that I have full knowledge of the matters set forth herein and that all of same are true in substance and fact.

(X) \_\_\_\_\_ / \_\_\_\_\_ (Date)  
(Signature required) (Print Name)

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED  
AND WILL BE RETURNED FOR REQUIRED INFORMATION.**