



## BODY ART ESTABLISHMENT REGISTRATION or TANNING FACILITY PERMIT APPLICATION

**IMPORTANT NOTE BEFORE YOU BEGIN:** You will be required to upload attachments during the application process. Below is a list of permit or license types that require a document be uploaded/attached. Therefore, do NOT start the online application process until you complete these documents and have them saved electronically on your computer and are ready to upload during the online application process.

Application Type	Mandatory Attachments	Naming File in Upload*
<b>Body Art Establishment Permanent and Mobile Locations</b>	Ownership / Purpose for Application Template in <a href="#">Appendix A</a>	Ownership Form
	Operational Procedures Template in <a href="#">Appendix B</a>	Operational Procedures
	Establishment Floor Plan Instructions in <a href="#">Appendix B</a>	Establishment Floor Plan
	Aftercare Instructions Instructions in <a href="#">Appendix B</a>	Aftercare Instructions
	Parental Consent Form (applicable to piercing services only) Instructions in <a href="#">Appendix B</a>	Parental Consent Form
	Equipment Inventory Template in <a href="#">Appendix B</a>	Equipment Inventory
<b>Body Art Temporary Event</b> <b>**Application must be submitted 30 days prior to the event**</b>	Temporary Establishment Registration Information Instructions in <a href="#">Appendix C</a>	Registration
	"Body Art Temporary Event" form Form in <a href="#">Appendix C</a>	Temporary Event Form
<b>Tanning Facility</b>	Ownership / Purpose for Application Template in <a href="#">Appendix A</a>	Ownership Form
	Operating Procedures Template in <a href="#">Appendix D</a>	Operating Procedures
	Equipment Inventory Template in <a href="#">Appendix D</a>	Equipment Inventory

*\*When you add an attachment, you will have to name it. This is what to name that specific document.*

Program fees, if applicable, will be collected at the during this online application process.

Questions? Contact Illinois Department of Public Health Phone 217-785-2439 Fax 217-782-0943

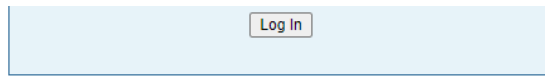
By Email: [dph.bodyart@illinois.gov](mailto:dph.bodyart@illinois.gov) or [dph.tan@illinois.gov](mailto:dph.tan@illinois.gov)

**Once you have completed and saved the attachments listed on page 1, you are ready to proceed with Step 1. Carefully follow the instructions in the order they are explained.**

**If at any time during the application process you get an error message (red box), it is best to cancel what you have done and then re-do. The system can be touchy.**

## Step 1

You will need to create a USAFoodSafety user account. If you have one already, proceed to Step 2. If not, click “CREATE NEW USER ACCOUNT/PASSWORD” on the Welcome page:



To **RENEW** an existing permit, license, or registration OR **APPLY** for a new permit, license, or registration, please log in above. This would include: Dairy Related Permits (Farms, Plants, Cleaning Stations, Receiving Station, Transfer Station, Milk Tank Trucks, Bulk Milk Hauler/Sampler, Bulk Milk Sampler, Industry Sampler, Certified Pasteurizer Sealer), Manufactured Food, Farmers Market Sampler, Salvage, Bottled Water, Tanning, and Body Art Establishments.

If you are a **FIRST-TIME USER** of this site, you will need to first create a **USER Account/Name and Password** to log in. Please click here to start: [CREATE A NEW USER ACCOUNT/PASSWORD](#) ←

To have your Food Handlers Training Program (FHTP) approved, click here: [FHTP Approval](#)

To apply for a **NEW** permit, license, or registration, click on the program link below for instructions and print out prior to logging in and completing an application. These instructions will guide you through the process

[DAIRY RELATED](#)  
[BOTTLED WATER](#)  
[MANUFACTURED FOOD](#)

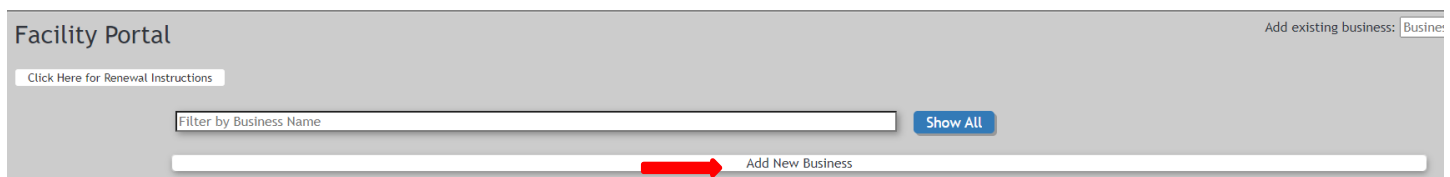
**IMPORTANT NOTE:** When creating your User Account, be sure to select “**ILDPH Tanning and Body Art**” as the organization. All fields marked with asterisk (\*) must be completed.

### New User Account

User Information		
User Name *	<input type="text"/>	
Password *	<input type="password"/>	
Verify Password *	<input type="password"/>	
Organization * (ATTENTION: For TANNING and BODY ART program, you MUST select ILDPH Tanning and Body Art from this pull-down list.) *	<input type="text" value="ILDPH Tanning and Body Art"/> ←	
Account Information		
First Name *	Middle * <input type="checkbox"/> None Available	Last Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Step 2

Once you create user account and log in, click on the “**Add New Business**” bar.



**NOTE:** If you want to apply for multiple permits or licenses, you will need to complete the process for each one. To do this, after the completion of entering one, click the “**Add New Business**” bar to start on the next. You will be able to pay for all of them at one time after you are done with all entries.

### Step 3

If you are the owner check this box. Otherwise leave unchecked. If there are multiple owners, you can add others later as additional contacts.

**New Business**

**Program Owner Information**

I am the owner.

Legal Name\*: Dairy Plants USA

Business Name\*: Dairy Plants USA

Phone Number\*: 217-213-0000

If you did not click the “I am owner” box, begin entering the information about the owner/business.

**Program Owner Information**

I am the owner.

Legal Name\*: Jim Brown

Business Name\*: Brown Brothers Inc.

Phone Number\*: 217-092-3099

Alternate or Cell Phone:

Email Address\*: brown7681@comcast.com  No Email Available

- Legal Name:** This is the legal name of business (Corporation, LLC, Sole Proprietor, etc.)
- Business Name:** This is the name of the business (this may be the same as the Legal Name)
- Phone Number:** This is the telephone number of the owner.
- Alternate or Cell Phone:** Optional, but useful in attempting to contact during non-business hours
- Email Address:** This is the email address of the owner (check box if no owner email exists).

In the **Program Owner Address** section, enter the mailing address information for the owner account and this may differ from the mailing address for the facility.

- Number:** Enter street number
- Street Name:** Enter Street Name (and then ST, RD, BLVD, etc. in the next box/drop-down).
- Enter Zip:** Only enter a 5-digit zip. Once you enter zip and tab forward, the State, County, and City will automatically populate.

**Program Owner Address**

International Address

**Mailing Address**

Number\*: 23

Street Name\*: Wintergreen DR

Secondary Unit Type:

Secondary Unit Number:

Zip\*: 62629

State\*: Illinois

County\*: Sangamon

City\*: Chatham

Complete the **Business Information** section:

**-Doing Business As:** Enter the actual name of the facility/business. This is the name that will appear on your permit or registration.

**-Business Phone Number:** Enter the telephone number of your facility/business. Do not check “None Available”. This is how we contact you.

**-Alternate or Cell Phone:** Not Required.

**-Business Email Address:** Enter the email address of your facility/business. Do not check “No Email Available”. This is how we contact you.

The screenshot shows a form titled "Business Information" with a blue header and a red arrow pointing to the title. The form contains the following fields: "Doing Business As" with the value "The Brown Stop"; "Business Phone Number\*" with the value "217-999-0923" and an unchecked checkbox for "None Available"; "Alternate or Cell Phone:" with an empty text box; and "Business Email Address\*:" with the value "TheBrownStop@gmail.com" and an unchecked checkbox for "No Email Available".

Complete the **Business Address** section (this is the information about the actual facility):

**-Number:** Enter street number

**-Street Name:** Enter Street Name (and then ST, RD, BLVD, etc. in the next box/drop-down).

**-Enter Zip:** Only enter a 5-digit zip. Once you enter zip and tab forward, the State, County, and City will automatically populate.

**-Same as Mailing Address:** Click this box if the facility’s physical address is the same as the mailing address. If it is not, enter the physical address information.

The screenshot shows a form titled "Business Address" with a blue header and a dropdown arrow. It is divided into two sections: "Mailing Address" and "Physical Address". The "Mailing Address" section has a checkbox for "International Address" which is unchecked. It contains fields for "Number\*" (27), "Street Name\*" (Westchester), "Secondary Unit Type:" (ST), "Secondary Unit Number:" (empty), "Zip\*" (62629), "State\*" (Illinois), "County\*" (Sangamon), and "City\*" (Chatham). The "Physical Address" section has a button labeled "Same as Mailing" which is highlighted with a red box. It contains identical fields to the mailing address section.

Under the **Facility Classification Section**, use the drop-down arrow and check the box(es) of the appropriate **facility classification**. For the following classification, you will also need to select a **Subclassification**.

Classification	Subclassification Choices
Body Art Establishment	Permanent, Mobile, or Temporary

The screenshot shows a form with two main sections. The top section, 'Facility Classifications', has a 'Classifications:' dropdown set to 'Body Art Establishment' and a 'Sub-Classifications:' dropdown set to 'Permanent'. Below this is a 'Classification Reference Data' section with a 'Reference Data Text' field containing 'Hazardous Waste'. To the right of this section are three radio button options: 'Mobile' (unchecked), 'Permanent' (checked), and 'Temporary' (unchecked).

As you select the classification (and subclassification if applicable), questions for you to complete will appear. Please answer all questions if applicable. Once done, click the **“Save New Business with Program”** tab that is at the bottom (do not select the Save New Business tab). When done, proceed to Step 4.

This screenshot shows the 'Classification Reference Data' section for 'Hazardous Waste Hauler'. It features a 'Reference Data Text' field with the text 'Hazardous Waste Hauler' and an empty 'Options' field. Below this, another 'Reference Data Text' field contains 'Establishment Spore Testing Agency/Location'. At the bottom of the form, there are two green buttons: 'Save New Business' (crossed out with a red X) and 'Save New Business With Program' (circled in red).

### Tanning

This screenshot shows the 'Facility Classifications' form for 'Tanning Facility'. The 'Classifications:' dropdown is set to 'Tanning Facility' and the 'Sub-Classifications:' dropdown is set to 'Select options'. Below this is the 'Classification Reference Data' section with a 'Reference Data Text' field and an 'Options' field. The 'Facility Type \*' dropdown is set to 'HEALTH CLUB'. At the bottom, there are two green buttons: 'Save New Business' (crossed out with a red X) and 'Save New Business With Program' (circled in red).

Once you click “Save New Business with Program”, two more sections will appear: **Contacts** and **Attachments**.

Contacts			
Contact's Name	Address	Relationship	Cell Phone
Add New Contact			

Attachments		
File Name	Description	Delete
Add New Attachment		

### **Adding Contacts**

Adding additional contacts is not required; however, if you would like to add Contacts such as additional owners, click this blue bar. For a complete listing of contact types, click this blue bar and use the drop-down at the top to see what is available.

**Contact**

Relationship\*:

First Name\*:  Middle Name:  Last Name\*:

Title:


Email\*:  None Available

**Contact Address**

Street Address:

Zip:  State:  County:  City:

Cell Phone\*:  Fax:



When done adding each contact, click the “OK” button at the bottom of the page or click Cancel if you do not wish to add a contact.

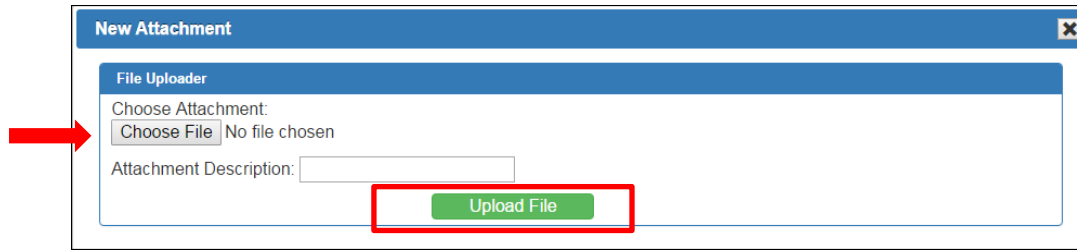
### **Adding Attachments**

Page 1 list the **MANDATORY** attachments you must upload for each classification. Failure to upload the attachments may cause long delays in processing your application. Also be sure to name each attachment as specified under the “Naming File in Upload” column on page 1.

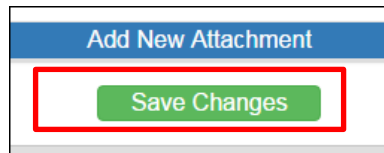
To attach/upload the required documents. Click on the “Add New Attachment” panel

Attachments		
File Name	Description	Delete
Add New Attachment		

Click on Choose File. A separate window will appear on the screen. From here, find the document on your computer and select it. In the Attachment Description field, type in the specific document name (as listed on page 1). Once completed, click the **“Upload File”** button.



Continue this process until all required documents are uploaded and then click the **“Save Changes”** button at the bottom of the screen.



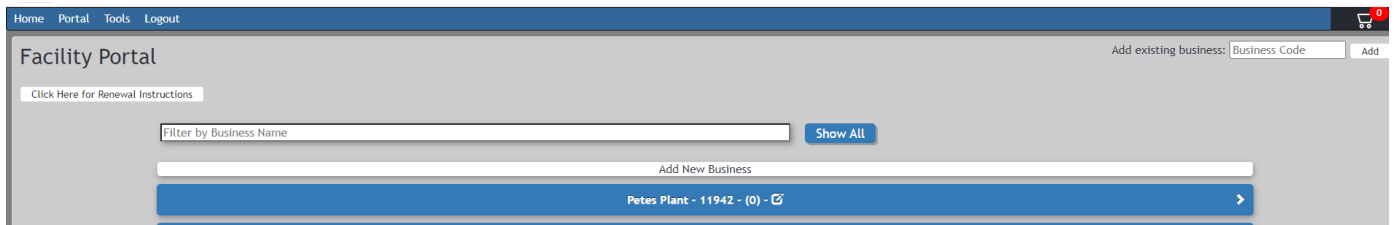
#### **Step 4**

Once you click **“Save Changes”** another window will open (New Permit, License, or Registration). Using the drop-down arrow, select the Program Group Type, and then the program type which is the permit/license you are applying for. In this Section ignore the Attachment area (there is nothing to upload here). Once done, click the **“Save New Business Program”** tab. For Body Art, be sure to enter number of stations. Click Save New Business Program when done.

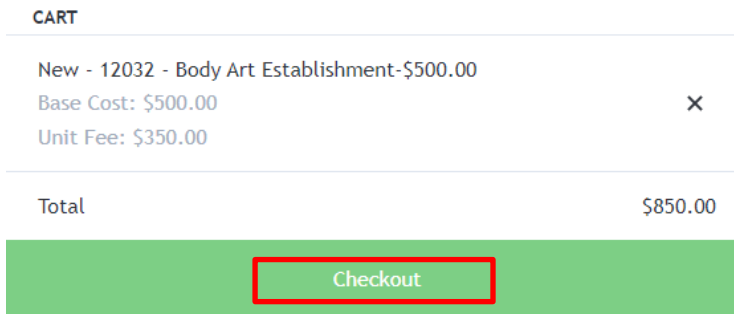
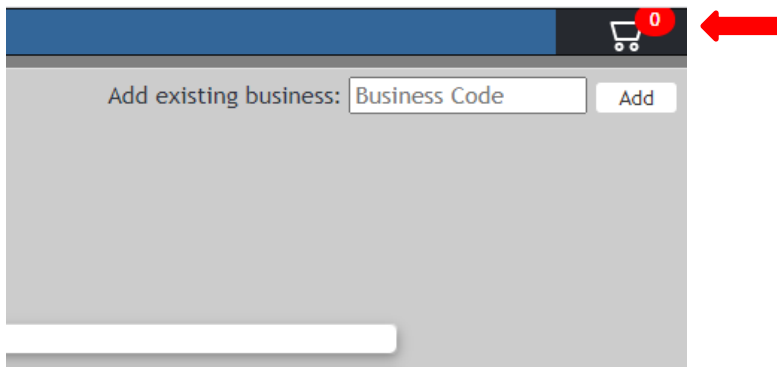
A screenshot of a 'New Permit, License, or Registration' form. The form has a blue header with the title 'New Permit, License, or Registration'. Below the header are several sections: 'New Program Information' with 'Program Group Type' set to 'Body Art' and 'Program Type' set to 'Body Art Establishment'; 'Attachment' which is crossed out with a red X and contains a 'Choose Attachment:' label, a 'Choose File' button, and the text 'No file chosen', and an 'Attachment Description:' label with an empty text input field; 'New Program Reference Data'; and 'Number of Stations' with the text 'Please enter the Number of Stations at this establishment:' and a text input field containing the number '8'. At the bottom of the form is a green 'Save New Business Program' button, which is highlighted with a red oval.

## Step 5

Once you click the “**Save New Business Program**” button, you will be directed back to the main Facility Portal as illustrated below.



You are now ready finalize your application and make your payment. Click on **Shopping Cart** icon in the upper right-hand corner. Review the information and then click **Checkout**. Sometimes the Shopping Cart indicator will show a “0”. Just ignore this (not always accurate).



After you Checkout, you will be directed to the payment provider website. Follow the payment provider’s on-screen instructions and complete payment.

If nothing shows in the Shopping Cart, click on the blue bar to open your application. Check the “Add to Cart” box.

Moody Body Art - 11945 - (0) - [edit]				
Add To Cart	Permit, License, or Registration Number	Permit, License, or Registration Type	Expire Date	Status
+ <input type="checkbox"/>	11985	Body Art Establishment	-	Draft
Add New Permit, License, or Registration				

If the box is already checked but the item does not appear in the Shopping Cart, remove the check mark, and then recheck the box. This should fix it; but note, when you recheck the box, an informational section of the application will appear. Navigate to the bottom and click **Save Changes** even though no changes were made.

The item should now appear in the Shopping Cart and is ready for Checkout.

Add New Contact

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hments

File Name	Description	Delete
Add New Attachment		
<b>Save Changes</b>		

Once you click the **Checkout** button, you will be directed to the payment provider website. Follow the on-screen instructions carefully to complete your payment. There is a third part processing fee of \$1.00 for an electronic check or 2.35% (minimum \$1.00) for credit/debit cards will be added to your total renewal fee.

After payment is complete, exit the website. Your application will be automatically submitted to the Department. You will be notified by the Department of the next step in a few days once your application is processed.

## Updating the Application

At any time, you can edit only certain parts of the application such as adding an attachment or updating mailing/email address. To do so, Login into USAFoodSafety, and in the blue panel, click on the pen/paper icon.

Filter by Business Name  Show All

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A1TESTFACILITY X3 - 8231 - (1) - [edit]

Note: To exit screen, navigate to the bottom and click Save Changes even if changes were not made.

Description

Add New Attachment

**Save Changes**

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Food Safety 4.4.0.596

# **APPENDIX A, B, C and D**

## **Appendix A**

Ownership / Purpose for Application

## **Appendix B**

Body Art Operational Procedures

Floor Plan

Aftercare Instructions

Equipment Inventory

## **Appendix C**

Temporary Body Art Establishment Registration Information (Special Event)

## **Appendix D**

Tanning Facility Written Operating Procedures

Tanning Equipment Inventory

# Appendix A

## Ownership / Purpose of Application

### Purpose of Application (check one)

- New
- Change of Ownership
- Change of Location Effective: \_\_\_\_\_  
List Previous Address Here: \_\_\_\_\_

### Ownership Type

Check One Box and complete information.

**Sole Proprietor or Individual Person: List Name:** \_\_\_\_\_

**Partnership/Multiple Owners. List Name of Each Owner**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Government**

**Non-Profit**

**Cooperative. List Exact Full Cooperate Name**  
\_\_\_\_\_

**Limited Liability Company (LLC). FEIN:** \_\_\_\_\_  
List Complete Name of LLC: \_\_\_\_\_  
List the registered agent on file with the Secretary of State. \_\_\_\_\_

**Corporation. FEIN:** \_\_\_\_\_  
List Complete Name of Corporation: \_\_\_\_\_  
List the registered agent on file with the Secretary of State.. \_\_\_\_\_

## **Appendix B – Body Art**

The Body Art Establishment Registration application requires applicants to submit copies of Operational Procedures, Establishment Floor Plan, Aftercare Instructions, a parental consent form (only in cases where piercing is available for minors) and Equipment Inventory.

<b>Attachment A1: Operational Procedures</b>
Please describe the following procedures for your Body Art facility in the provided space and then return this form with your application. If you do not have enough room feel free to attach additional information.
Sterilization methods used for all reusable Items (State 100% disposable if applicable).
Testing methods used to ensure all sterilized items remain sterilized. Include spore testing company and frequency if applicable.
Methods used for maintaining records for all procedures performed, ie: name, date, photos, etc.
Methods used to ensure client is 18 years of age, ie: make copy of state issued ID.

Methods for collection of parental consent if client is a minor requesting piercing procedure (please also attach parental consent form) or mark N/A if no piercing available.

Methods used for preparing site where tattoo going to be located.

Methods for aftercare procedure and client instructions.

Workstation cleanup methods after procedure is completed, including product used to sterilize surfaces.

Methods used to deal with a possible emergency (example - call 911).

**For Reference: Body Art Code 797.800, 797.900, 797.1000**

## Appendix B Body Art

### **Attachment 2A: Floor Plan of Establishment**

Please attach a floor plan of your establishment that includes the following elements:

- Aerial view of facility
- Entrance and Exits
- Location of workstations
- Location of hand sinks (1 per 6 stations), must be separate from restrooms.
- Sterilization area (If applicable)
- Washroom
- Storage Room

The attachment does not require an architectural drawing or blue print and can include additional features if desired.

**For Reference: Body Art Code: 797.1100 B, G, H**

### **Attachment 3A: Aftercare Instructions**

Please provide the aftercare instructions given to a client after their procedure. 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 because of the procedure.

### **Attachment 4A: Parental Consent**

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.*



## **Appendix C – Temporary Body Art Event**

### **Section 797.1400 Temporary Establishment Registration Information**

A temporary certificate of registration may be issued by the Department for educational, trade show or product demonstration purposes that include body art procedures. The temporary certificate of registration shall be valid for a maximum of 14 calendar days. (Section 20 of Act)

#### **Refer to the Body Art Legal Base for complete list of requirements.**

1. A body art establishment who wishes to obtain a temporary certificate of registration shall submit a temporary certificate of registration application for review to the Department at least 30 days prior to the event.
2. A temporary certificate of registration non-refundable fee of \$250 shall be paid for each booth at each event. All body artist shall be 18 years of age and over.
3. The Department shall not issue the temporary certificate of registration if the holder of a temporary certificate of registration fails to comply with all requirements of the Body Art Legal Base.
4. An inspection of the location identified on the temporary certificate of registration application shall be required prior to the performance of any body art procedures. The inspector will contact the responsible party listed on the application prior to the event to set up the required inspection time.
5. The establishment shall be contained in a completely enclosed location.
6. The temporary certificate of registration shall be prominently posted along with the warning statement provided by the Department (see Section 797.600(c)).
7. Copies of documentation of proof of Blood borne pathogen training for all artists are required to be available for review during inspection.
8. Conveniently located hand-washing facilities with liquid soap, paper towels and hot and cold water under adequate pressure shall be provided. Drainage in accordance with local plumbing codes is to be provided. Alcohol-based single-use hand wipes shall be available in each work station to augment the hand-washing requirements of this Section.
9. The establishment shall provide instrument sterilizing equipment in compliance with this Part, on which a spore test has been performed 30 or fewer days prior to the date of the event, **or** only single-use prepackaged sterilized equipment shall be allowed.
10. In performing body art procedures, the body artist/apprentice shall wear single-use medical grade gloves. Gloves shall be changed if they become contaminated by contact with any non-clean surfaces or objects or by contact with a third person. The gloves shall be discarded, at a minimum, after the completion of each procedure on an individual client, and hands shall be washed before the next pair of gloves is donned.
11. Sharps ready for disposal shall be disposed of in approved sharps disposal containers. Storage of regulated waste on site shall comply with the regulations in 29 CFR 1910.1030
12. No person shall perform any tattoo procedure upon a person under the age of 18 years that is prohibited by Sections 12-10 through 12-10.2(c) of the Criminal Code of 1961. Age verification shall be obtained by government issued identification containing a birth date and photograph
13. In other procedures, such as piercing, the parent or legal guardian shall sign a consent form.
14. Any body artist can refuse service to any individual, at any time, and for any reason.
15. Contact Body Art Program staff at [dph.bodyart@illinois.gov](mailto:dph.bodyart@illinois.gov) with questions. *Revised 02/18*

# Body Art Temporary Event – Appendix C

Complete all information to avoid delay in registration.

Event Name		
Reason for event: Educational, Trade Show, Product Demonstration		
Address		
City	Zip	County
Date(s) of Events		Number of Workstations
Business or Booth Name		
List all artists working in Booth (attach additional sheet if needed)		
<u>Name</u>	<u>Age</u>	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Contact Name		Telephone Number (____) _____ - _____
Contact Email		
<b>SIGNATURE OF APPLICANT</b>		
<b>Permanent Business Contact Information</b>		
Name		Address
City	State	Zip
Telephone (____) _____ - _____		

## IMPORTANT REQUIREMENTS FOR BODY ART TEMPORARY EVENT

Proof of OSHA compliant blood borne pathogen training MUST be available for all artists upon inspection on the opening day of event.

Each individual business/booth must apply separately.

The operator must identify the location of hand sinks accessible to the artists (not located within a bathroom).

If there are any questions or concerns, please call 217/785-2439 or email [dph.bodyart@illinois.gov](mailto:dph.bodyart@illinois.gov)

## **Appendix D - Tanning Facility Operational Procedures**

All Tanning facilities are required to submit a written copy of their operating procedures to be used in the facility as well as an attachment to the facility's application for a permit. Please include the following form with your answers attached to the application for permit.

<b>Operational Procedures</b>
Please describe the following procedures for your Tanning facility in the provided space and then return with this form with your application. If you do not have enough room feel free to attach additional information.
The procedure for an operator to ensure that all clients are at least annually offered a written copy of the warning
The procedure for proving and documenting whether the client is 18 years of age or over and able to tan.
The procedure the facility follows to handle the presence of children that accompany a client.

The procedure the operator must follow to obtain client information on prescription and nonprescription medications, consumed or used prior to the start of each tanning session, and the procedure for informing clients about photosensitizing substances.

The facility procedure for dealing with pregnant women who wish to tan.

The operators' method for ensuring and documenting that clients have not used services of any tanning facility in the preceding twenty-four hours.

The system for maintain complete and accurate records on clients' use of tanning Facility. Details on what information is collected and in what format. If electronic, procedures should describe data storage and back-up methods.

The operator's procedures for instructing clients on how to use the training equipment.

The procedure for determine and recording the client's appropriate skin type, using the IDPH provided skin type chart.

The procedure for thoroughly documenting and promptly reporting tanning injuries as specified in Tanning Facilities Code, Section 795.200

The procedures for conducting regularly scheduled maintenance of the tanning equipment, particularly as required by the manufacturer of each tanning unit.

Procedures for the accurate preparation of the facility's sanitizing solution and a description of how it is to be tested and stored in properly labeled containers. Are step by step procedures provided to the operator

A thorough procedure of equipment cleaning procedures by facility operators. Operators are responsible for cleaning and sanitizing tanning equipment after each use. No clients are responsible for cleaning.

A thorough description of eyewear sanitizing procedures (if the facility provides reusable eyewear for its clients. Are step by step procedures provided to the operator?

The procedure for cleaning and sanitizing the restroom which must be cleaned and sanitized at least once a day. The specific tasks described and who is responsible for each task must also be included.

The procedures for the operator to perform while assisting the inspector during an Inspection. The operator must have access to all information required by the inspector including the client records, the operators' training records, and the compatibility documentation for lamp replacement.

A thorough description of the training method (the "What" and "How") to be used for each operator, covering the ten areas described in tanning facilities code. Operators may not be left unattended until training is complete.

**For Reference: Tanning Facilities Code: 795.180, 795.150(a), 795.200**



