

Oklahoma State Department of Health Protective Health Services Consumer Health Service

Mail: PO Box 268815 Oklahoma City, OK 73126-8815 Phone: (405) 426-8250 Email: CHSLicensing@health.ok.gov

BODY PIERCING & TATTOO ESTABLISHMENT LICENSE APPLICATION

Please mail application and fee to the address above. Make check or money order payable to OSDH. <u>Do not mail cash.</u>

Application Type: (Select All that apply) Bo		Body Piercing Establishment	Tattoo Establishment 🗖	
Initial 🗆	Event 🗆	Renewal 🗆	Change of Information 🗆	
Body Piercing:	Body Piercing:	Body Piercing:	Body Piercing:	
Fee: \$ 500.00	Fee: \$250.00	License #:	No Fee	
		Fee: \$ 250.00	Tattoo:	
Tattoo:	Tattoo:		No Fee	
Fee: \$1000.00	Fee: \$500.00	Tattoo: License #: Fee: \$500.00	Complete the application and submit verification of changes. You may	
Application must include: Affidavit of Residency: □	Purpose: (Select One) Product Demonstration: □	30+ days after expiration requires	email the change of information application to	
Article of Incorporation (if applicable):	Industry Trade Show: Educational:	a late fee of: Body Piercing: \$100 Tattoo: \$250	CHSLicensing@health.ok.gov	
	Application must include: Affidavit of Residency: □ Article of Incorporation (if applicable): □ Start and end time of the event: □ List of names and license numbers of participating artists: □ Fee: □	Application must include: Update of establishment/owner information: □ Fee: □		

ESTABLISHMENT INFORMATION:

Establishment Name:		County:		
DBA:				
Physical Address:			OK	
·	Address	City	State	Zip
Mailing Address:				
8	Address	City	State	Zip
Establishment Ph. #:	Email:			

Who owns the establishment?

Individual
Corporation

*Note: Email is the primary method of communication for licensing. Initial and renewal licenses will be emailed to licensee to the email address on file.

:			
Address	City	State	Zip
E			
Email:			
	Address	Address City	Address City State

The undersigned hereby makes application for license to operate a Body Piercing and/or Tattoo establishment subject to the provisions of the Oklahoma Statutes and to the regulations adopted thereunder by the Oklahoma State Department of Health. By my signature below, I attest that the foregoing is true and correct to the best of my knowledge and belief.

Title or Position:

 Signature:
 Date:

(Please retain copies of the completed application and all documents submitted for your records.)