



Public Health

3450 Broadway Boulder, Colorado 80304 (303) 441-1150 FAX (303) 441-1468
www.BoulderCountyBodyArt.org

LICENSE APPLICATION FOR BODY ART ESTABLISHMENT

This application will be rejected unless all questions are fully answered, proper remittance is attached, and Public Health Departments approval is obtained.

Make remittance payable to: **Boulder County Health Department**

Type of License Applicant is Applying For (✓ check one):

- Body Art Establishment (fee \$250)
- Temporary Special Event Body Art Facility (fee \$250)
- Mobile Body Art Vehicle (fee \$250)

1. Applicant is applying as a(n):

- Individual Partnership Corporation Limited Liability Company

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

3. Name of Business (Trade or assumed name): _____

4. Colorado Sales Tax #: _____

5. Business Phone: (____) _____

6. Address of Premises (include street, city, state, & zip code):

Mailing Address (if different from above):

Permanent Body Art Establishment applicants answer the following:

Primary Contact: _____

Address: _____

Phone: () _____

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 applicants answer the following:

Vehicle Make: _____ Model : _____

Year: _____ VIN# : _____

Temporary Special Event Body Art Facility applicants answer the following:

Name and Location of Event: _____

Date/Times of Event: _____

Sponsor of Event: _____

Is there a liquor license for 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: _____