



# BODY ART ESTABLISHMENT EQUIPMENT LIST

|                                   |                        |
|-----------------------------------|------------------------|
| <b>Business Name:</b>             |                        |
| <b>Address, City, State, Zip:</b> |                        |
| <b>Owner/Operator Name:</b>       | <b>Business Phone:</b> |

Please provide a list of all body art equipment (i.e. tattoo/permanent make-up machine, autoclave, ultrasonic, disposable blades, ink brands used, etc.)

| EQUIPMENT | MANUFACTURER | MODEL # |
|-----------|--------------|---------|
| 1)        |              |         |
| 2)        |              |         |
| 3)        |              |         |
| 4)        |              |         |
| 5)        |              |         |
| 6)        |              |         |
| 7)        |              |         |
| 8)        |              |         |
| 9)        |              |         |
| 10)       |              |         |
| 11)       |              |         |
| 12)       |              |         |
| 13)       |              |         |
| 14)       |              |         |

|  |              |
|--|--------------|
| <b>Signature of owner or representative:</b> | <b>Date:</b> |
|--|--------------|