



# BODY ART ESTABLISHMENT BODY ARTISTS LIST

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

PRINT ARTIST NAME	ARTIST SIGNATURE	TRAINING
1)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
2)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
3)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
4)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
5)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
6)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
7)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
8)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
9)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
10)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
11)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
12)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
13)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
14)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen

**\*\*Include a copy of each artist's training records with application.\*\***

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