



**REGULATORY LICENSING UNIT
BODY PIERCING STUDIO LICENSE APPLICATION
(Health and Safety Code, Chapter 146)**

Return both the completed application and **non-refundable** fee made payable to the
TEXAS DEPARTMENT OF STATE HEALTH SERVICES in the envelope provided or mail to:
Texas Department of State Health Services, PO Box 12008, Austin, Texas 78711.
You may visit our website at: www.dshs.state.tx.us

Body Piercing

BUDGET:	ZZ105
FUND:	086
LICENSE #:	

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

City, County, State, Zip Code: _____

Telephone # at address: () _____

**FEE SCHEDULE FOR BODY PIERCING STUDIO LICENSE
MINOR AMENDMENT**

- BODY PIERCING ONLY (no tattoo license under same ownership and address) \$ 206.00
- BODY PIERCING IN CONJUNCTION W\TATTOO license under same ownership and address \$ 155.00
(Tattoo license # _____ Tattoo expiration date _____)

Late Fee - A person who files a renewal application after the expiration date must pay an additional \$100.00.
ANY RETURNED CHECKS RECEIVED AFTER RENEWAL DATE WILL BE ASSESSED AN ADDITIONAL \$100.00 LATE FEE.

- TEMPORARY EVENT ONLY – no tattoo license under same ownership and address \$ 206.00
- TEMPORARY EVENT IN CONJUNCTION W\TATTOO license under same ownership and address \$ 155.00
(Beginning Date of Event) _____ (Ending Date of Event) _____
mo/day/yr mo/day/yr

(A Temporary Event License is valid for a maximum of seven days in conjunction with a single event)

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION AND AM ELIGIBLE TO RECEIVE A LICENSE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I HEREBY CERTIFY THAT THE STUDIO AT THE ADDRESS LISTED ABOVE IS INSIDE THE BOUNDARIES OF THE CITY OR TOWN AND IS NOT PROHIBITED BY CHARTER, ORDINANCE OR AMENDMENT THERETO, AS IT APPLIES TO ZONING; OR, I HAVE VERIFIED THROUGH ALL POSSIBLE MEANS THAT THERE IS NO ZONING CODES FOR THE STUDIO AT THE ADDRESS LISTED ABOVE. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND CHAPTER 146 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature _____ Date _____

Printed Name & Title _____

OWNER
 PARTNER
 PRESIDENT
 CORPORATE DESIGNEE / AGENT

LICENSE HOLDER INFORMATION: Complete the required ownership information.

Legal name of company must be identical to the name on your State Tax Payer's Identification on file with the Texas Comptroller of Public Accounts.

Legal Name _____ Tax Payer ID # or Charter # _____ Outlet # _____

Mailing Address of Licensed Establishment _____ City and State _____ Zip _____

* Has the applicant, licensee, and/or managing officer(s) been convicted of a felony or misdemeanor? Yes No
(If yes, please attach a statement explaining the conviction.)

**Residence address, driver's license number, and date of birth are only required of drug, device, and/or certificate of authority applicants*
INCLUDE A COPY OF YOUR DRIVER'S LICENSE

SOLE OWNER / PROPRIETORSHIP

Name _____ *Residence Address _____ *Drivers License Number _____ *Date of Birth _____

PARTNERSHIP **LP** **LLP** **LTD**

Name of Partnership _____ Effective Date of Partnership _____

Name _____ *Residence Address _____ *Drivers License Number _____ *Date of Birth _____

Name _____ *Residence Address _____ *Drivers License Number _____ *Date of Birth _____

Name _____ *Residence Address _____ *Drivers License Number _____ *Date of Birth _____

ASSOCIATION

Name _____ *Residence Address _____ *Drivers License Number _____ *Date of Birth _____

Name _____ *Residence Address _____ *Drivers License Number _____ *Date of Birth _____

CORPORATION **LLC**

Name of Corporation _____ Date and Place of Incorporation _____

President's Name _____ *Residence Address _____ *Drivers License Number _____ *Date of Birth _____

Officer's Name _____ *Residence Address _____ *Drivers License Number _____ *Date of Birth _____

Officer's Name _____ *Residence Address _____ *Drivers License Number _____ *Date of Birth _____

Name of Registered Agent _____ *Residence Address _____ Telephone Number _____

Revised 02/01/06