

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 F	Piercing
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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) BODY PIERCING IN CONJUNCTION W\TATTOO license under same ownership and address (Tattoo license # Tattoo expiration date) 	\$ 206.00 \$ 155.00
□ 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 L.	ATE FEE.
 TEMPORARY EVENT ONLY – no tattoo license under same ownership and address) TEMPORARY EVENT IN CONJUNCTION W\TATTOO license under same ownership and address (Beginning Date of Event) (Ending Date of Event) mo/day/yr mo/day/yr 	\$ 206.00 \$ 155.00
(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 CORP CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BI CORPORATION AND AM ELIGIBLE TO RECEIVE A LICENSE. IF SIGNING THIS AS OWNER OF A SOLE PROPRI NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I HEREBY CERTIFY THAT THE STUDIO AT THE AI ABOVE IS INSIDE THE BOUNDARIES OF THE CITY OR TOWN AND IS NOT PROHIBITED BY CHARTER, C AMENDMENT THERETO, AS IT APPLIES TO ZONING; OR, I HAVE VERIFIED THROUGH ALL POSSIBLE MEAN IS NO ZONING CODES FOR THE STUDIO AT THE ADDRESS LISTED ABOVE. I FURTHER CERTIFY THAT I UNDERSTAND CHAPTER 146 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS ADMINISTRATIVE CODE, CHAPTER 229, AND AGREE TO ABIDE BY THEM.	EHALF OF THE ETORSHIP, I AM IF SIGNING AS TIES PURSUANT DRESS LISTED ORDINANCE OR NS THAT THERE AVE READ AND
Signature OWNER PARTNER Date PRESIDENT CORPORATE DESIGNEE / AGENT	
Printed Name & Title	D : 100/01
RE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM	Revised 02/0

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PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of firm.					
□ New -	Start Date of Regulated Activi	ty:			
□ Change of Ownership (Including legal entity) [previous owner: Effective Date: Change of ownership (including change of legal entity) requires submission of a new application and fee as listed on Page 1. The effective date of change becomes the new anniversary date.					
□ Amended -	\Box Other:	ame:	- Date:		
Any minor amendment including change of name or change in the location of a licensed place of business, requires submission of a new application and fee as listed on Page 1. The current expiration date remains in effect.					
□ Renewal - Renewals are valid from the anniversary date. Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.					
	of business. Date:		equired to license/permit n:		
RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS A license cannot be issued for manufacturing or holding of foods for distribution in any room used as living or sleeping quarters; or for the manufacturing, assembling, testing, processing, packing, holding or labeling of drugs and/or devices from any personal residence. *Residence address, driver's license number, and date of birth are only required of drug, device, and/or certificate of authority applicants					
Name & Title	*Residence Address	*Driver's License Number	*Date of Birth		
BUSINESS HOURS OF OP	ERATION:	m. to	m.		
WEBSITE/ INTERNET AD	DRESS: http://www				
BILLING INFORMATIO	DN (The license and/or courtes	y renewal notice will be sent to the	following):		
Billing Name:					
Billing Address:					
City, State, Zipcode:					
Name of Application Preparer (Contact Person):					
Telephone Number of Application Preparer (Contact Person):					
Fax Number of Application Preparer (Contact Person):					
E-mail Address of Application Preparer:					

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

ALL THREE PAGES OF THE APPLICATION FORM <u>MUST</u> BE COMPLETED BEFORE A LICENSE WILL BE ISSUED. Please allow 4-6 weeks for processing.

For assistance in completing this application, call (512) 834-6626.

Please address any correspondence to: Texas Department of State Health Services, Regulatory Licensing Unit, Food and Drug Licensing Group, 1100 West 49th Street, Austin, Texas 78756.

BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM PAGE 2 OF 3

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 #					
		10						
Mailing Address of Licensed Establishment		y and State		Zip				
* Has the applicant, licensee, and/or managing officer(s) been convicted of a felony or misdemeanor? (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 / PROPRIE	FORSHIP							
Name	*Residence Address		*Drivers License Number	*Date of Birth				
D PARTNERSHIP	□ LP		🗆 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								
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	*Re	esidence Address		Telephone Number				
				Revised 02/01/06				

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