

BODY ART ESTABLISHMENT REGISTRATION or TANNING FACILITY PERMIT APPLICATION

Date Received by IDPH

Illinois Department of Public Health
 Division of Environmental Health
 525 W Jefferson St.
 Springfield IL 62761
 Phone 217-785-2439 Fax 217-782-0943
 TTY (hearing impaired) 800-547-0466
 Email
dph.bodyart@illinois.gov
 or
dph.tan@illinois.gov

Permit or Registration Number

FM# _____
Fee Paid \$ _____

Purpose of Application (check one)

- New
- Change of Ownership
- Change of Location Effective: _____ List Previous Address Here: _____

I am applying for the following registration/permit (check one). I understand fees are due with application submittal.

Check Here	Registration or Permit Type	You Must Complete Section(s)	Fee
	Body Art Permanent Business	1 & 2	Base \$500 See *
	Body Art Mobile Business	1 & 2	Base \$500 See *
	Body Art Temporary Event	3	Flat \$250
	Tanning Facility	1 & 4	Flat \$250

IMPORTANT: The registration or permit fee is due at time of application submission. This is a non-refundable fee. Checks or money orders should be made out to the Illinois Department of Public Health. The application and review process from when we receive the application to when you should have the inspector contact you to set up the inspection is APPROXIMATELY 4 to 6 weeks. This is dependent upon the number of applications received for review, the completeness of your application, and the schedule of the inspector responsible for your area.

* The Body Art permanent and mobile business registration fee is **\$500**. This fee includes one work station. If you have more than one workstation, an additional **\$50 per work station** is required. For example, if you have a total of 3 work stations, your fee will be \$600 (\$500 + 2 x \$50 = \$600).

To calculate your body art fee: $\$500 + (\text{Total number of work stations after the first one} \times \$50) = \text{Fee Due}$

Mail this completed application and fee to: **Illinois Department of Public Health**
Division of Environmental Health
525 W. Jefferson Street (Floor 3)
Springfield, IL. 62761

SECTION 1

** Denotes Mandatory Information*

Legal Name of Business*		Start date	
Doing Business As (if applicable)			
Physical Facility Address*			County*
City*	State*		Zip code (+ 4 if known)*
Business Phone No. (include area code)*		Emergency/Cell Phone No.	
Facility Email Address (please print clearly)*		Web Address	
Days and hours of Operation			

Section 1 cont.**Owner and/or Operator of Business**

Owner or Operator First and Last Name*		Age*
Owner or Operator Address*		
City*	State*	Zip code (+ 4 if known)*
Owner Phone No. (include area code)*	Owner Email Address*	

Ownership Type (Check applicable box and complete information)

<input type="checkbox"/>	Sole Proprietor/Individual List Name:
<input type="checkbox"/>	Partnership/Multiple Owners List Name of Each Owner:
<input type="checkbox"/>	Government
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Cooperative List exact full cooperate name:
<input type="checkbox"/>	Limited Liability Company (LLC)* List complete name of LLC and FEIN:
<input type="checkbox"/>	Corporation List Complete name of Corp and FEIN:
*If either a LLC or Corporation, list the registered agent on file with the Secretary of State here:	

Mailing AddressCheck here if the mailing address is the same as the physical address (do not have to re-type below).Check here if the mailing address is the same as the owner's address (do not have to re-type below).

Mailing Address		
City	State	Zip code (+ 4 if known)

Certification Statement

This application must be signed by the owner, if an individual; by one of the partners, if a partnership; or by an officer of the company or corporation.

I affirm that I am the owner, partner or officer of the firm name as shown on page one, that I am authorized on the part of said applicant to verify and file with the Illinois Department of Public Health this application, and that I have a full working knowledge of the matters set forth herein and that all of same are true in substance and fact.

Print Name: _____

Signature: _____

Title: _____ Date: _____

SECTION 2 Body Art Establishment

List Equipment used for tattoo and/or body piercing services such as sterilizers, tattoo machines, cleaning systems, Autoclave, etc. Do not include disposable supplies.

Type	Year of manufacture if available

List Number of Work Stations located in business: _____

If mobile, list home base address of establishment: _____

IMPORTANT ADDITIONAL REQUIREMENTS for BODY ART ESTABLISHMENTS

Along with this application, you **MUST** attach the four documents described below. See **Appendix A** for detailed requirements/instructions.

- Operational Procedures
- Establishment Floor Plan
- Aftercare Instructions
- Parental Consent Form (applicable to piercing services only)

SECTION 3 Body Art Temporary Event

Complete all information to avoid delay in registration.

Event Name												
Reason for event: Educational, Trade Show, Product Demonstration												
Address												
City	Zip	County										
Date(s) of Events		Number of Workstations										
Business or Booth Name												
List all artists working in Booth (attach additional sheet if needed)												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Name</td> <td style="width: 40%; border-bottom: 1px solid black;">Age</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>			Name	Age								
Name	Age											
Contact Name		Telephone Number (____) _____ - _____										
Contact Email												
SIGNATURE OF APPLICANT												
Permanent Business Contact Information												
Name		Address										
City	State	Zip										
Telephone (____) _____ - _____												

IMPORTANT REQUIREMENTS FOR BODY ART TEMPORARY EVENT

Proof of OSHA compliant blood borne pathogen training MUST be available for all artists upon inspection on the opening day of event.

Each individual business/booth must apply separately.

The operator must identify the location of hand sinks accessible to the artists (not located within a bathroom).

See **Appendix B** for Temporary Establishment Registration Information.

If there are any questions or concerns, please call 217/785-2439 or email dph.bodyart@illinois.gov

SECTION 4 Tanning Facility Application

Primary Operation of Facility (check box and complete description if “Other”)

<input type="checkbox"/>	Tanning Facility	<input type="checkbox"/>	Health Club	<input type="checkbox"/>	Hotel/Motel
<input type="checkbox"/>	Beauty Salon	<input type="checkbox"/>	Barber Shop	<input type="checkbox"/>	Residence
<input type="checkbox"/> Other; Describe Here:					

Please provide **complete** information for **each piece** of tanning **equipment** in this facility. Types of equipment may include bed canopy, bed bench, stand-up booth, free-standing facial unit, etc.

Room ID	Manufacturer	Model	Serial Numbers	Year of Manufacturer	Equipment Type

Attach Additional Sheet(s) if more equipment information is to be provided.

IMPORTANT ADDITIONAL REQUIREMENTS for TANNING FACILITIES

Along with this application, you **MUST** attach the facility generated **OPERATING PROCEDURES** using the outline provided in **Appendix C** (Note: all points on the provided outline must be addressed to be considered complete.)

If there are any questions or concerns, please call 217/785-2439 or email dph.tan@illinois.gov

APPENDIX A, B and C

Appendix A; Body Art Operational Procedures/Floor Plan/Aftercare Instructions

Appendix B; Temporary Establishment Registration Information

Appendix C; Tanning Facility Written Operating Procedures

Appendix A

The Body Art Establishment Registration application requires applicants to submit copies of Operational Procedures, Establishment Floor Plan, Aftercare Instructions and a parental consent form (only in cases where piercing is available for minors).

Attachment 1: Operational Procedures
Please describe the following procedures for your Body Art facility in the provided space and then return this form with your application. If you do not have enough room feel free to attach additional information.
Sterilization methods used for all reusable Items (State 100% disposable if applicable).
Testing methods used to ensure all sterilized items remain sterilized. Include spore testing company and frequency if applicable.
Methods used for maintaining records for all procedures performed, ie: name, date, photos, etc.
Methods used to ensure client is 18 years of age, ie: make copy of state issued ID.

Methods for collection of parental consent if client is a minor requesting piercing procedure (please also attach parental consent form) or mark N/A if no piercing available.

Methods used for preparing site where tattoo going to be located.

Methods for aftercare procedure and client instructions.

Workstation cleanup methods after procedure is completed, including product used to sterilize surfaces.

Methods used to deal with a possible emergency (example - call 911).

For Reference: Body Art Code 797.800, 797.900, 797.1000

Attachment 2: Floor Plan of Establishment

Please attach a floor plan of your establishment that includes the following elements:

- Aerial view of facility
- Entrance and Exits
- Location of workstations
- Location of hand sinks (1 per 6 stations), must be separate from restrooms.
- Sterilization area (If applicable)
- Washroom
- Storage Room

The attachment does not require an architectural drawing or blue print and can include additional features if desired.

For Reference: Body Art Code: 797.1100 B, G, H

Attachment 3: Aftercare Instructions

Please provide the aftercare instructions given to a client after their procedure. The instructions should include directions on using any washes, salves or creams, the rinse schedule and the actions that need to be taken if problems arise as a result of the procedure.

Attachment 4: Parental Consent

Please include a copy of the consent form used to obtain the parental consent for minors when Body Piercing procedures are made available. *If this service is not available, a consent form shall not be required.*

All questions should be sent to dph.bodyart@illinois.gov

APPENDIX B

Section 797.1400 Temporary Establishment Registration Information

A temporary certificate of registration may be issued by the Department for educational, trade show or product demonstration purposes that include body art procedures. The temporary certificate of registration shall be valid for a maximum of 14 calendar days. (Section 20 of Act)

Refer to the Body Art Legal Base for complete list of requirements.

1. A body art establishment who wishes to obtain a temporary certificate of registration shall submit a temporary certificate of registration application for review to the Department at least 30 days prior to the event.
2. A temporary certificate of registration non-refundable fee of \$250 shall be paid for each booth at each event. All body artist shall be 18 years of age and over.
3. The Department shall not issue the temporary certificate of registration if the holder of a temporary certificate of registration fails to comply with all requirements of the Body Art Legal Base.
4. An inspection of the location identified on the temporary certificate of registration application shall be required prior to the performance of any body art procedures. The inspector will contact the responsible party listed on the application prior to the event to set up the required inspection time.
5. The establishment shall be contained in a completely enclosed location.
6. The temporary certificate of registration shall be prominently posted along with the warning statement provided by the Department (see Section 797.600(c)).
7. Copies of documentation of proof of Blood borne pathogen training for all artists are required to be available for review during inspection.
8. Conveniently located hand-washing facilities with liquid soap, paper towels and hot and cold water under adequate pressure shall be provided. Drainage in accordance with local plumbing codes is to be provided. Alcohol-based single-use hand wipes shall be available in each work station to augment the hand-washing requirements of this Section.
9. The establishment shall provide instrument sterilizing equipment in compliance with this Part, on which a spore test has been performed 30 or fewer days prior to the date of the event, **or** only single-use prepackaged sterilized equipment shall be allowed.
10. In performing body art procedures, the body artist/apprentice shall wear single-use medical grade gloves. Gloves shall be changed if they become contaminated by contact with any non-clean surfaces or objects or by contact with a third person. The gloves shall be discarded, at a minimum, after the completion of each procedure on an individual client, and hands shall be washed before the next pair of gloves is donned.
11. Sharps ready for disposal shall be disposed of in approved sharps disposal containers. Storage of regulated waste on site shall comply with the regulations in 29 CFR 1910.1030
12. No person shall perform any tattoo procedure upon a person under the age of 18 years that is prohibited by Sections 12-10 through 12-10.2(c) of the Criminal Code of 1961. Age verification shall be obtained by government issued identification containing a birth date and photograph
13. In other procedures, such as piercing, the parent or legal guardian shall sign a consent form.
14. Any body artist can refuse service to any individual, at any time, and for any reason.
15. Contact Body Art Program staff at dph.bodyart@illinois.gov with questions. *Revised 02/18*

Appendix C

All Tanning facilities are required to submit a written copy of their operating procedures to be used in the facility as well as an attachment to the facility's application for a permit. Please include the following form with your answers attached to the application for permit.

Operational Procedures
Please describe the following procedures for your Tanning facility in the provided space and then return with this form with your application. If you do not have enough room feel free to attach additional information.
The procedure for an operator to ensure that all clients are at least annually offered a written copy of the warning
The procedure for proving and documenting whether the client is 18 years of age or over and able to tan.
The procedure the facility follows to handle the presence of children that accompany a client.
The procedure the operator must follow to obtain client information on prescription and nonprescription medications, consumed or used prior to the start of <u>each</u> tanning session, and the procedure for informing clients about photosensitizing substances.

The facility procedure for dealing with pregnant women who wish to tan.

The operators' method for ensuring and documenting that clients have not used services of any tanning facility in the preceding twenty-four hours.

The system for maintain complete and accurate records on clients' use of tanning Facility. Details on what information is collected and in what format. If electronic, procedures should describe data storage and back-up methods.

The operator's procedures for instructing clients on how to use the training equipment.

The procedure for determine and recording the client's appropriate skin type, using the IDPH provided skin type chart.

The procedure for thoroughly documenting and promptly reporting tanning injuries as specified in Tanning Facilities Code, Section 795.200

The procedures for conducting regularly scheduled maintenance of the tanning equipment, particularly as required by the manufacturer of each tanning unit.

Procedures for the accurate preparation of the facility's sanitizing solution and a description of how it is to be tested and stored in properly labeled containers. Are step by step procedures provided to the operator

A thorough procedure of equipment cleaning procedures by facility operators. Operators are responsible for cleaning and sanitizing tanning equipment after each use. No clients are responsible for cleaning.

A thorough description of eyewear sanitizing procedures (if the facility provides reusable eyewear for its clients. Are step by step procedures provided to the operator?

The procedure for cleaning and sanitizing the restroom which must be cleaned and sanitized at least once a day. The specific tasks described and who is responsible for each task must also be included.

The procedures for the operator to perform while assisting the inspector during an Inspection. The operator must have access to all information required by the inspector including the client records, the operators' training records, and the compatibility documentation for lamp replacement.

A thorough description of the training method (the "What" and "How") to be used for each operator, covering the ten areas described in tanning facilities code. Operators may not be left unattended until training is complete.

For Reference: Tanning Facilities Code: 795.180, 795.150(a), 795.200