



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Dear Owner/Operator:

Enclosed in this information packet is the Body Art Program Legal Base and permit application forms with instructions. Public Act 094-1040, the Tattoo and Body Piercing Establishment Registration Act, became effective July 1, 2007. Rules to implement the Act were adopted by the Joint Committee on Administrative Rules on December 26, 2008, and they became effective that date.

The operation or maintenance of an establishment in violation of this Act or any rule adopted by the Department under this Act constitutes a public nuisance inimical to the public welfare. A person convicted of knowingly maintaining a public nuisance commits a Class A misdemeanor. Each subsequent offence under this Section is a Class 4 felony.

The Director, in the name of the people of the state and through the Attorney General or State's Attorney of the county in which the establishment is located, may, in addition to the other remedies set forth in the Act, bring an action for an injunction to restrain the violation of this Act.

Please complete the appropriate application and return it with the required registration fee to the Department. Upon receipt of a complete application the Department will have the inspector responsible for your area contact you and schedule the opening inspection. Please allow at least four weeks for the application process. If you have any questions about the rules, the application process or the inspection process, please contact the Department at 217-785-2439, or TTY (for hearing impaired use only) 800-547-0466, or email to dph.bodyart@illinois.gov.

Sincerely,

Melissa Estes
Body Art Program Coordinator
Division of Food, Drugs and Dairies
Illinois Department of Public Health

Enclosures: Body Art Program Legal Base
Application form and Application instructions

BODY ART ESTABLISHMENT REGISTRATION APPLICATION

Permit number _____
Fee paid _____

Illinois Department of Public Health
Division of Food, Drugs and Dairies
525 W Jefferson St., Springfield IL 62761-0001
Phone 217-785-2439 FAX 217-782-0943
TTY (hearing impaired use only) 800-547-0466
Email dph.bodyart@illinois.gov

Date received by IDPH _____

TYPE OF APPLICATION: New Change of owner ***Change of location
 ***If change of location, list previous address _____

TYPE OF ESTABLISHMENT: Permanent ***Mobile Start date of body art service _____

Establishment name _____

Address _____, City _____, County _____ ZIP code + 4 _____

***List home base address above if establishment is mobile

Telephone (_____) _____ Fax Number (_____) _____

Email address/web site _____

Emergency contact name/number _____ / (_____) _____

List mailing address if different from above:

Address _____ **City/State** _____ **ZIP code + 4** _____

Applicant (Owner) Name _____ Age _____

Address _____ City/State _____ ZIP code + 4 _____

Telephone (_____) _____ Fax Number (_____) _____

Number of Body Art Procedure work stations located at establishment: # _____ work stations

Days and hours of establishment operation: _____

Type of Ownership: (MARK ONLY ONE)

Sole Proprietor (Name and Social Security number) _____

Partnership/Multiple owners (List name and Social Security number of each owner) _____

Limited Liability Company (List complete name of LLC and FEIN) _____

Corporation (List complete name of Corp and FEIN) _____

List the Registered Agent on file with the Secretary of State when either an **LLC or Corporation** is marked.

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

Type	Year of manufacture if available
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Submit copies of: Operational Procedures
Establishment Floor Plan
Aftercare Instructions
Parental Consent Form (applicable to piercing services only)

Send application, fee and required copies to:

Illinois Department of Public Health
Division of Food, Drugs and Dairies
525 W. Jefferson St.
Springfield, IL 62761

Submit the registration fee of \$500.00 US dollars for the establishment and one work station, PLUS \$50.00 US dollars for each additional work station.
(Example, establishment with 4 workstations shall pay \$500 plus \$150 (3 x 50) for a total of \$650.)

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 full knowledge of the matters set forth herein and that all of same are true in substance and fact.

(X) _____ / _____
(Signature required) (Print Name) (Date)

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED
AND WILL BE RETURNED FOR REQUIRED INFORMATION.**

07/10/15

Body Art Establishment Application Instructions

- 1 Mark the box that describes the type of application.
 - 2 Provide the previous address if establishment has relocated.
 - 3 Mark the box that describes the establishment type. *(If marking mobile the unit must be fully equipped with a bathroom and extra hand sink outside the bathroom.)*
 - 4 Provide the body art service start date you wish to open, or the date service started if already providing body art services at this location.
 - 5 Legal name of the establishment as you want it to appear on the permit.
 - 6 Provide the establishment address, city, correct county and zip code.
If the establishment is a mobile unit, provide the home base information.
 - 7 Provide establishment telephone number and FAX number if available.
 - 8 Provide an e-mail or web site address if available.
 - 9 Provide an emergency contact name and telephone number.
 - 10 Provide a mailing address if the establishment wishes to receive mail from the Department at a location different than the establishment address.
 - 11 Provide the name of the person applying for the permit and the age of the applicant.
 - 12 Provide the applicant's address, city, state and zip code.
 - 13 Provide applicant's telephone number and FAX number if available.
 - 14 Provide the number of body art work stations located at the establishment.
 - 15 Provide the days that the establishment will be open during the week and the hours for each day. If you have seasonal hours that change, please note them.
 - 16 Mark the ownership type that best describes the owner of the establishment. List the legal name and provide the identifying number, (social security or FEIN).
- ***** Continue application on back. *******
- 17 List mechanical equipment, (including year of manufacture when available) such as tattoo machines, sterilization units, cleaning systems and power supplies.
 - 18 Submit copies of the REQUIRED attachments listed.
SEE BACK SIDE OF THIS INSTRUCTION PAGE FOR DETAILS.
 - 19 Provide the signature of the responsible person for the establishment and provide the printed name as well as the date the application was completed

The Body Art Establishment Registration application requires applicants to submit copies of Operation Procedures, an Establishment Floor Plan, Aftercare Instructions, and a Parental Consent form, *only if piercing procedures are available for minors*. Contact the Body Art Program Coordinator, dph.bodyart@illinois.gov or 217-785-2439 with questions.

Attachment One: Operational Procedures

Submit a copy of the establishment procedures. The following outline highlights the area each establishment must minimally address in its written procedures. Your procedures may go beyond the outline if you have additional items you wish to include for use at the establishment.

1. Sterilization methods used for all reusable items. (State “**100% disposable**” if applicable)
2. Testing methods used to ensure sterilization process is working. (Same as above if applicable)
3. Storage methods used to ensure all sterilized items remain sterilized.
4. Method used to gather client information and record storage method.
5. Method used for maintaining records of all procedures performed.
6. Method used to ensure client is eighteen years of age.
7. Method for collection of parental consent if client is a minor requesting piercing procedure.
8. Method for preparing the procedure site.
9. Method for aftercare procedure and client instructions.
10. Work station cleanup after procedure is completed.
11. Methods used to deal with a possible emergency. (*These do not need to include any type of medical analysis or EMT services. The emergency procedure is necessary to ensure everyone knows what actions to take during an emergency and to prevent unplanned actions during any emergency. An example for an emergency procedure can be as simple as dialing 9-1-1.*)

Attachment Two: Floor plan of establishment

Submit a floor plan of the facility. This attachment **does not require** an architectural drawing or blue print. The following items must be included in the drawing. *The drawing may include other features as needed.*

1. Entrance and exits
2. Workstations
3. Hand sinks
4. Sterilization area (if applicable)
5. Washroom
6. Storage room
7. Sitting area if available

Attachment Three: Aftercare Instructions

Please include a copy of the instructions given to clients after any procedure has been performed. 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 Four: Parental Consent form (For Body Piercing ONLY)

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.*