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|----------------------|--------------------|
| <b>DOH use only:</b> |                    |
| Check No. _____      | Check Amount _____ |
| Date Received _____  | Receipt No. _____  |
| License No. _____    | Date Issued _____  |

## Application for Body Piercing Salon License

A person operating a body piercing establishment is required to apply for an annual body piercing license and abide by the requirements of Chapter 64E-19, Florida Administrative Code (F.A.C.), and section 381.0075, Florida Statutes. The annual license fee or license renewal fee is \$175.00. When applying for an initial license or reactivation of an expired license at the beginning of the licensing period or for renewal, the full fee shall be paid. All other applicants, whether for initial licensure or reactivation of an expired license, shall pay a prorated fee based on the number of quarters left until September 30. Permits expire September 30 of each year. Fees must be received by the department within 30 days after receipt of written notification from the department that a fee is due. Failure to pay on time will result in the assessment of a late fee of \$100.00. The fee for a temporary establishment license is \$75.00.

Submit the following information on this form to your local county health department.

1. **Application for (choose one):** \_\_\_\_\_ **New License** \_\_\_\_\_ **Renewal ( License # \_\_\_\_\_ )**  
(Applicant must be a legal entity, i.e.: individual, partnership, corporation, association, or public body)

2. Type of Salon \_\_\_\_\_ Fixed Location \_\_\_\_\_ Temporary Location \_\_\_\_\_ (Dates) From \_\_\_\_\_ To \_\_\_\_\_

3. Salon Name: \_\_\_\_\_

4. Salon Address: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Operator: \_\_\_\_\_ Telephone: \_\_\_\_\_

6. Name of Licensee: \_\_\_\_\_

7. Mailing Address of Licensee: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

8. Business Phone: \_\_\_\_\_ FAX Number: \_\_\_\_\_

9. Name of Property Owner: \_\_\_\_\_

10. Mailing Address of Property Owner: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The undersigned Licensee/Representative hereby agrees to operate the body piercing salon described in this application in accordance with the requirements of Section 381.0075, Florida Statutes, and Chapter 64E-19, F.A.C. The information contained in this application, which serves as a basis for licensure, is true and correct. I understand that any misrepresentation of the facts in this application, or failure to comply with sanitary standards, is grounds for denial, administrative fine or revocation of the body piercing license.

\_\_\_\_\_  
 Name of Licensee/ Representative (print or type)

\_\_\_\_\_  
 Signature of Licensee/ Representative

\_\_\_\_\_  
 Date