State of Illinois
Illinois Department of Public Health

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 _____ Previous Address _____

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** Certificate of Registration	3	$250 per booth
☐	Tanning Facility	1 & 4	Flat $250

IMPORTANT: The registration or permit fee is **due at the time of application submission**. This is a non-refundable fee. Checks or money orders should be made to the Illinois Department of Public Health. The application and review process, from when the application is received to when you should have the inspector contact you to set up the inspection, is APPROXIMATELY 4 to 6 weeks. This depends 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 workstation. If you have more than one workstation, an additional **$50 per workstation** is required. For example, if you have a total of three workstations, the fee will be $600 ($500 + 2 x $50 = $600).
To calculate the body art fee: **$500** + (**total number of workstations after the first one** x **$50**) = **Fee Due**.

Mail this completed application and fee to:

Illinois Department of Public Health
Division of Environmental Health
525 W. Jefferson St., 3rd Floor
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 (print clearly)* _____ Web Address _____

Days and Hours of Operation _____

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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)*

- ☐ Sole Proprietor/Individual
  - Name: _____
- ☐ Partnership/Multiple Owners
  - Name of Each Owner: _____
- ☐ Government
- ☐ Non-Profit
- ☐ Cooperative
  - Exact Full Cooperate Name: _____
- ☐ Limited Liability Company (LLC)*
  - Complete Name of LLC: _____
  - FEIN: _____
- ☐ Corporation*
  - Complete Name of Corporation: _____
  - FEIN: _____

*If either an LLC or a Corporation, list the registered agent on file with the Secretary of State here:

Registered Agent Name: _____

Mailing Address

- ☐ Mailing address is the same as the physical address (do not have to retype below).
- ☐ Mailing address is the same as the owner's address (do not have to retype below).

Mailing Address _____

City _____ State _____ ZIP Code (+ 4 if known) _____

Certification Statement

The owner must sign this application, 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 this application with the Illinois Department of Public Health, 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.

Name: _____

Signature: _____

Title: _____ Date: _____

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SECTION 2 Body Art Establishment

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

Type	Year of manufacture, if available

List the number of workstations located in the business: _____

If mobile, list the home base address of the 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)

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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 Code (+ 4 if known) | County

Date(s) of Event(s) | Number of Booths

Business or Booth Name: *If you are a coordinator for an event applying for all booths, list all artists and booth names below.*

List all artists working in the booth, booth name, artist's age, and OSHA compliant bloodborne pathogen training (BPT) expiration date (attach additional sheet if needed).

Name	Age	Booth Name	BPT Exp. Date

Contact Name | Contact Phone No.

Contact Email

Signature: _____ Date: _____

Permanent Business Contact Information

Name | Address

City | State | ZIP Code (+ 4 if known)

Phone No. (include area code) | Email Address

IMPORTANT REQUIREMENTS FOR BODY ART TEMPORARY EVENT

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

Each business/booth must apply separately.

The operator must identify the locations 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, call 217-785-2439 or email dph.bodyart@illinois.gov.

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SECTION 4 Tanning Facility Application

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

☐ Tanning Facility ☐ Health Club ☐ Hotel/Motel ☐ Beauty Salon ☐ Barber Shop ☐ Residence

☐ Other; Describe: _____

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, call 217-785-2439 or email dph.tan@illinois.gov.

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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

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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

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 the spore testing company and frequency if applicable.
Methods used for maintaining records for all procedures performed, e.g., name, date, photos, etc.
Methods used to ensure the client is 18 years of age (e.g., copy of state issued ID).
Methods for collection of parental consent if the client is a minor requesting a piercing procedure (also attach parental consent form) or mark N/A if no piercing is available.
Methods used for preparing the site where the tattoo is going to be located.
Methods for the aftercare procedure and client instructions.

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Workstation cleanup methods after the procedure is completed, including the product used to sterilize surfaces.
Methods used to deal with a possible emergency (e.g., call 911).

For Reference: Body Art Code 797.800, 797.900, 797.1000

Attachment 2: Floor Plan of Establishment

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

- Aerial view of the 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 blueprint and can include additional features if desired.

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

Attachment 3: Aftercare Instructions

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

Include a copy of the consent form used to obtain the parental consent for minors when body piercing procedures are made available. A consent form shall not be required if this service is unavailable.

Questions should be sent to dph.bodyart@illinois.gov.

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APPENDIX B

Section 797.1400 Temporary Establishment Registration Information

IDPH may issue a temporary certificate of registration 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 the Act)
Refer to the Body Art Legal Base for a Complete List of Requirements.

1. A body art establishment that wishes to obtain a temporary certificate of registration shall submit a temporary certificate of registration application for review to IDPH at least 30 days prior to the event.
2. A temporary certificate of registration, with a non-refundable fee of $250, shall be paid for each booth at each event. Body artists must be 18 years of age and over.
3. IDPH will 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 before 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 IDPH (see Section 797.600(c)).
7. Copies of documentation of proof of bloodborne pathogen training for all artists are required to be available for review during inspection.
8. Conveniently located handwashing 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 must be available in each work station to augment the hand-washing requirements of this section.
9. The establishment must provide instrument sterilizing equipment in compliance with this part, on which a spore test has been performed 30 or fewer days before the date of the event, or only single-use prepackaged sterilized equipment shall be allowed.
10. The body artist/apprentice must wear single-use medical-grade gloves in performing body art procedures. Gloves must be changed if they become contaminated by contact with any non-clean surfaces or objects, or by contact with a third person. The gloves must 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 must 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 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 must sign a consent form.
14. A body artist can refuse service to an individual, at any time, and for any reason.
15. Contact Body Art Program staff at dph.bodyart@illinois.gov with questions.

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Appendix C

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

Operational Procedures

Describe the following procedures for your tanning facility in the provided space and return 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 who accompany a client.
The procedure the operator must follow to obtain client information on prescription and nonprescription medications, consumed or used before each tanning session, and the procedure for informing clients about photosensitizing substances.
The facility's procedure for dealing with pregnant women who wish to tan.
The operator's method for ensuring and documenting that clients have not used the services of any tanning facility in the preceding 24 hours.

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The system for maintaining complete and accurate records on clients' use of the 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 tanning equipment.
The procedure for determining 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 the Tanning Facilities Code, Section 795.200.
The procedures for conducting regularly scheduled maintenance of the tanning equipment 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 equipment cleaning procedure by facility operators. Operators are responsible for cleaning and sanitizing tanning equipment after each use. Clients are not 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 operator's 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 10 areas described in the 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

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