



BODY ART ESTABLISHMENT BODY ARTISTS LIST

Business Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Owner/Operator Name: _____ Business Phone: _____

| Artist's Name | Artist's Signature | Date |
|---------------|--------------------|-------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| 4) _____ | _____ | _____ |
| 5) _____ | _____ | _____ |
| 6) _____ | _____ | _____ |
| 7) _____ | _____ | _____ |
| 8) _____ | _____ | _____ |
| 9) _____ | _____ | _____ |
| 10) _____ | _____ | _____ |
| 11) _____ | _____ | _____ |
| 12) _____ | _____ | _____ |
| 13) _____ | _____ | _____ |
| 14) _____ | _____ | _____ |
| 15) _____ | _____ | _____ |

Sanitarian Signature: _____ License No. _____

Owner/Operator Signature: _____