



# BODY ART ESTABLISHMENT EQUIPMENT LIST

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/Operator Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

<b>Equipment</b>	<b>Manufacturer</b>	<b>Model #</b>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____
11) _____	_____	_____
12) _____	_____	_____
13) _____	_____	_____
14) _____	_____	_____
15) _____	_____	_____

Sanitarian Signature: \_\_\_\_\_ License No. \_\_\_\_\_

Owner/Operator Signature: \_\_\_\_\_