

APPLICATION FOR A BODY PIERCING ESTABLISHMENT

Name of the Establishment _____ Date: _____

Address of the Establishment _____

Owner(s) Name _____

Owner(s) Address _____

Telephone # (Home) _____ (establishment) _____

Proposed Days and Hours of Operation _____

Who will handle your biohazard waste disposal ? _____

Will you also be doing tattooing ? _____ If yes, you will need to obtain a license from the Iowa Department of Public Health.

Before a license will be issued, we must conduct a pre-opening inspection and you must submit a copy of your aftercare statement for our approval and submit a copy of the spore test on your sterilizer.

License with tattooing: \$30/yr. License without tattooing: \$60/yr. Temporary License: \$30

APPLICATION FOR A BODY PIERCING TECHNICIAN LICENSE

Name _____ Date _____

Home Address _____

Telephone # (work) _____ (home) _____

At the location(s) that you operate at, will you be responsible for other activities beyond body piercing ? _____

If so, what will those activities consist of? _____

Have you been vaccinated for hepatitis B? _____ If so, when _____

The vaccination series for hepatitis B is available at the Cerro Gordo County Department of Public Health, (641) 421-9321.

License Fee: \$10 (2 year period)

Cerro Gordo County Department of Public Health
Environmental Health Section
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