

City and County of Denver
DEPARTMENT OF EXCISE AND LICENSES
201 West Colfax Avenue, Dept. 206
Denver, Colorado 80202
p: 720-865-2740
www.denvergov.org/businesslicensing

BODY ARTIST APPLICATION

Name of Applicant: _____

Applicant Address: _____
Address City State Zip Code

Applicant Primary Phone: _____ Applicant Email: _____

Weight: _____ Height: _____ Hair Color: _____ Date of Birth: _____

Location of establishment (Where body art procedures will be performed):

Business Name Address City State Zip Code

Has the Applicant ever held a Body Artist License or similar license or permit in Colorado or any other jurisdiction?
YES NO

If yes, please state the type of license, the location and dates of said license.

Has the Applicant had a Body Artist License or similar License or Permit Revoked or Suspended within the last 5 years?
YES NO

If yes, please state when and where this occurred, the nature of the action and the reason therefore.

I am familiar with the Denver Revised Municipal Code Section 24-351 et. Seq. and the Rules and Regulations of the Board of Environmental Health relating to Body Artists and Body Art Establishments.
SIGNATURE OF APPLICANT _____ DATE _____

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Denver Revised Municipal Code and all rules and regulation which govern my Body Artist License.

Authorized Signature:	Title	Date
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(Revised June 2018)