



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

### BODY ARTIST APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Location of Establishment Where Body Art Procedures will be Performed:

Address \_\_\_\_\_ City \_\_\_\_\_

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 \_\_\_\_\_

#### TEMPORARY BODY ARTIST ONLY:

Location of Event \_\_\_\_\_

Dates of Event \_\_\_\_\_

Event Manager \_\_\_\_\_

(Revised October 2007)

#### 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 Regulations which govern my Body Artist License.

Authorized Signature:

Title

Date

(Revised October 2007)