

**LOGAN COUNTY DEPARTMENT OF PUBLIC HEALTH**  
Phone 217-735-2317 Fax 217-732-6943  
**BODY ART ESTABLISHMENT**  
**ANNUAL PERMIT APPLICATION (NEW\_\_ RENEWAL\_\_)**

NAME OF FACILITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

24 HOUR EMERGENCY PHONE NUMBER \_\_\_\_\_

(Note: This number will only be used for emergency situations such as a fire, etc.)

HOURS OF OPERATION \_\_\_\_\_

Has your operation changed since your last inspection? \_\_\_\_\_

If yes, write your changes here \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Attach a copy of your public education information as required by Section 6.1 of the ordinance.

Attach a copy of the Client Release form that you are using as required by Section 7.2 of the ordinance.

Return your completed application along with your billing invoice to the Logan County Health Department, 109 Third St., P.O. Box 508, Lincoln, IL 62656.

\_\_\_\_\_  
Signature of Establishment Owner

\_\_\_\_\_  
Date

LCDPH Office Use Only

Date Received \_\_\_\_\_ Approved \_\_\_Y\_\_\_N

EH Director Signature \_\_\_\_\_

Date \_\_\_\_\_