

License Fee.....\$75

Application for Body Artists at Temporary Expositions/Events

Licensee Legal Name: _____

Licensee Other Name(s): _____

Check all that apply: Tattoo Piercing Ear lobe piercing only Permanent cosmetics

Mailing Address: _____

E-Mail Address: _____

Name & Location of Event: _____

Date(s) of Event: _____ Date(s) and Time of set-up: _____

Contact Telephone: Mobile _____ Business _____

Antiseptic used on skin before and after procedure: _____

Note: "Tattoo green soap" cannot be used as an antiseptic unless the alcohol content is between 60 and 90%.

Disinfectant used on working surfaces: _____ **Contact time:** _____

Gloves are non-latex, designed for medical use, used only once, and made from: Nitrile Vinyl Other _____

Sharps containers are being provided and disposed of properly by: Booth operator Event staff Other _____

Instruments used that come into contact with blood or body fluids during tattooing or piercing will be (**check all that apply**):

- Individually wrapped, autoclaved, and marked with autoclave date and artist initials (reusable).
- From the supplier individually wrapped and sterile with expiration dates and lot codes (one-use/disposable).

If using an autoclave or ultrasonic cleaner, please provide the following information:

Manufacturer: _____ Model number: _____
Cycle time: _____ min Temperature: _____ Pressure: _____ PSI
Spore testing company name: _____

Attach a copy of the most recent spore test results.

Autoclave is: Onsite in booth At licensed establishment Other _____

This form continues on other side.

Forms: All clients must sign a consent form before each procedure (even if returning customer), parents or legal guardians sign in person for any client under the age of 18 and stays onsite for the entire procedure, if piercing clients under the age of 3, a choking hazard warning is given to the parent or legal guardian. Aftercare instructions must be provided verbally and in written form.

Consent form used: Event-provided consent form Establishment consent form

Aftercare form used: Event-provided consent form Establishment aftercare form

Current copies of the following must be included with this application. Do not attach original copies.

- Bloodborne Pathogen Training Certificate: Expiration date** _____
- Basic First Aid Training Certificate: Expiration date** _____
- Sanitation Quiz Certificate: Date passed** _____
 - Complete the quiz at <https://fcss.wufoo.com/forms/m7p5a3/> (the password is **piercing**)
- Photo ID: Sanitarian may check this at event**
- Consent form that will be used at event** (if not using event-provided form).
- After care instructions that will be used at event** (if not using event-provided form).
- Autoclave spore test** (if using an autoclave).

Operators/Owners - List all artists/apprentices* working in your booth:

Additional Artist(s) _____

*Each artist/apprentice must complete a separate application.

If an apprentice is not completing any body art procedures on clients, but only assisting with running booth, a form is not required for them.

Licensee Signature _____ Date: _____

I acknowledge receipt of a copy of Local Rule #5. I have had the opportunity to review and discuss this Rule with Riverstone Health. By signing this license application, I agree to follow all rules contained in Rule #5 and understand violation of said Rule may result in license cancellation or other civil or criminal penalties, pursuant to 40-48-108 MCA.

An online copy of the Local Rule #5 can be found here:

https://riverstonehealth.org/wp-content/uploads/2021/04/Rule5_bodayart_2021.01.01.pdf

RiverStone Health

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406-256-2770

-----For Office Use Only-----

Application Approved by _____

*Signature verifies compliance with applicable statutes and rules
for this Artist and/or Establishment –50- 48 MCA & Rule #5.*

Cash or Check (# _____) Amount: _____ Date Paid _____ License

