



BOROUGH OF CHAMBERSBURG
LAND USE AND COMMUNITY
DEVELOPMENT DEPARTMENT
TATTOO, PIERCING, AND
MICROBLADING LICENSE
APPLICATION PACKET

**TATTOO, PIERCING, AND
MICROBLADING
FACILITY
LICENSES**

Contents:

When making Application for an **ANNUAL RENEWAL** or a **CHANGE** of
LOCATION, fill out **ONLY** **Page 2**

When making Application for a **NEW LICENSE** or a
CHANGE of **OWNERSHIP**, fill out **BOTH** **Pages 2-3**



TATTOO, PIERCING, OR MICROBLADING FACILITY LICENSE APPLICATION

This Application is for: _____ New License _____ Change in Location
_____ Annual Renewal _____ Change in Ownership

Facility is: (check all that apply) _____ Tattoo/Body Art
_____ Piercing
_____ Microblading

I. BUSINESS INFORMATION

Name of the facility (Public name familiar to consumers): _____

Legal business name (If different than above): _____

Business/facility address (Street, City/Town, Zip Code) (If changing location, list previous address here):

Mailing address (If different than above) (Street, City/Town, Zip Code):

New business/facility address (Only if changing location; otherwise, leave blank):

Facility email address: _____ Facility phone number: _____

II. OWNER INFORMATION

Facility owner / manager (List both if different): _____

Facility owner address (Street, City/Town, Zip Code)

Owner email address: _____ Owner phone number: _____

III. FACILITY CHANGES

If applying for an Annual Renewal, within the last year, has the facility experienced any of the following changes: (1) proprietor/owner type; (2) days/hours of operation; (3) hired any new employees; or (4) changed forms provided to clients?

_____ Yes _____ No

If you answered Yes, please complete only the relevant sections of this Application on the next page. If you answered No, please sign below and return the Application; do not fill out any other pages.

Signature: _____ Date: _____

Official use – Payment information
Amount paid: _____

Payment type: _____

Date: _____

**CONTINUE IF APPLYING FOR A NEW LICENSE OR
CHANGE OF OWNERSHIP OR
IF FACILITY EXPERIENCED CHANGES IN LAST YEAR**

IV. PROPRIETOR/OWNER TYPE

_____ Sole Proprietor _____ Corporation _____ LLC / LLP
_____ Partnership _____ Non-profit

Legal business name (if different than facility name):

Legal owner mailing address (If different than facility or mailing address) (Street, City/Town, Zip Code):

V. DAYS AND HOURS OF OPERATION

Monday - Time _____ to _____
Tuesday - Time _____ to _____
Wednesday - Time _____ to _____
Thursday - Time _____ to _____
Friday - Time _____ to _____
Saturday - Time _____ to _____
Sunday - Time _____ to _____

VI. EMPLOYEE INFORMATION AND CERTIFICATIONS

Total number of employees: _____

Number of employees performing tattooing, piercing, or microblading ("artists"): _____

Attach a copy of each artist's current CPR training certificate.

Attach a copy of each artist's current bloodborne pathogen training certificate or proof of course completion.

VII. FORMS FOR CLIENTS

Attach a copy of the patron/client application form.

Attach a copy of the parental consent form for patrons/clients under the age of 18.

Attach a copy of the aftercare information that is provided to patrons/clients.

I certify that the tattoo, piercing, and/or microblading facility complies with Chapter 261 of the Code of the Borough of Chambersburg relating to Tattoo and Body Piercing Establishments and that all information in this Application and all attached documentation is true and correct to the best of my knowledge, information, and belief.

Signature: _____ Date: _____

Official use – Payment information
Amount paid: _____ Payment type: _____ Date: _____