



DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
FOOD & DRUG UNIT



FD-55 OFFICIAL REGISTRATION APPLICATION
COMMERCIAL BODY ART FACILITY
(Rev. 6/09)
PAGE 1 of 3

Return this completed application and required check or money order to DHH/OPH, Food and Drug Unit, CEHS/Bin #10, P.O. Box 4489, Baton Rouge, LA 70821-4489. A separate application is required for each new facility.

APPLICATION WILL NOT BE PROCESSED UNLESS IT IS FILLED IN COMPLETELY.

PART I. COMMERCIAL BODY ART FACILITY INFORMATION (PLEASE PRINT OR TYPE):

- 1. Facility Name _____
- 2. Legal Name (if different from #1) _____
- 3. Physical Address _____
- 4. City _____ 5. State _____ 6. Zip _____
- 7. Parish _____
- 8. Usual days and hours of operation _____
- 9. Telephone Number _____ 10. Email address _____
- 11. Mailing Address (if different from #3) _____
- 12. City _____ 13. State _____ 14. Zip _____
- 15. Procedures performed (check all that apply) Tattooing Body Piercing Permanent Cosmetics

Before submitting this application and registration fee, contact local parish, city, or town officials to verify that your proposed commercial body art facility is in compliance with any applicable local zoning codes and ordinances. The Department of Health and Hospitals will not approve any application without prior certification by the facility owner that the facility is in compliance with local zoning regulations. If you have verified that there are no zoning codes or that your facility would be compliant with any existing codes, complete the appropriate section of #16. Item 16 is not required for renewal applications as long as there has been no change of location since the most recent registration was issued by the governing authority (DHH).

16. ZONING CODE/ORDINANCE COMPLIANCE CERTIFICATION (To be completed by facility owner only):

I hereby certify that the commercial body art facility at the address listed above in item # 3 is inside the boundaries of the city or town specified and is not prohibited by charter, ordinance, or any amendments thereto, as applies to zoning.

I have verified through all possible means that there are no zoning codes or ordinances applicable for the commercial body art facility listed in item # 3 of this application.

Applicant signature _____

Date of application _____



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PART II. PURPOSE OF THIS APPLICATION/FEE SCHEDULE (PLEASE PRINT OR TYPE):

17. Mark the appropriate box to indicate the type of application and/or any change in status of the facility.

New (Initial) Registration \$1,000 – Registration is valid through December 31 of this year.

Temporary Event \$500 OUT-OF-STATE – Registration is valid for a maximum of 14 consecutive days
\$400 IN-STATE – Registration is valid for a maximum of 14 consecutive days

Event start date _____ Event end date _____

Amended Registration Change of business name, ownership, or location of a registered operation requires submission of an amended registration application and fee.

Date of change _____

Change of ownership Previous owner _____

Change of location Previous location _____

Change of name Previous name _____

Registration Renewal \$500 – Registration renewals are valid through December 31 of the subsequent calendar year.

Notice: Commercial Body Art Facilities that are no longer in business or no longer operate as a Commercial Body Art Facility are required to notify the Food and Drug Unit upon ceasing operations so that the department can maintain an accurate establishment inventory.

DESIGNATED MANAGERS OR RESPONSIBLE PERSONS-IN-CHARGE OF FACILITY:

18. Manager's Name _____ 19. Manager's Phone Number _____

20. Home address _____

21. City _____ 22. State _____ 23. Zip _____

24. Asst. Manager's Name _____ 25. Asst. Manager's Phone Number _____

26. Home address _____

27. City _____ 28. State _____ 29. Zip _____

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PART III. REGISTRANT INFORMATION (SELECT APPROPRIATE BUSINESS OWNERSHIP MODEL BELOW):

Proprietorship

NAME, HOME ADDRESS AND TELEPHONE NUMBER OF SOLE PROPRIETOR

30. Proprietor's Name _____ 31. Proprietor's Phone Number _____
32. Home address _____
33. City _____ 34. State _____ 35. Zip _____

Partnership/LLP/LP

NAME, HOME ADDRESS AND TELEPHONE NUMBER OF PARTNERS

36. 1st Partner's Name _____ 37. 1st Partner's Phone Number _____
38. Home address _____
39. City _____ 40. State _____ 41. Zip _____
42. 2nd Partner's Name _____ 43. 2nd Partner's Phone Number _____
44. Home address _____
45. City _____ 46. State _____ 47. Zip _____
48. 3rd Partner's Name _____ 49. 3rd Partner's Phone Number _____
50. Home address _____
51. City _____ 52. State _____ 53. Zip _____

Corporation/LLC

DATE AND PLACE OF INCORPORATION, NAME AND ADDRESS OF REGISTERED AGENT

54. Date of Incorporation _____ 55. Place of Incorporation _____
56. Name of Registered Agent for Service of Process _____
57. Contact Address _____
21. City _____ 22. State _____ 23. Zip _____

PART IV. APPLICATION ENDORSEMENT:

Application is hereby made for the registration and operation of the above-referenced Commercial Body Art Facility, as required by LSA R.S. 40: 2832 (A), (B), and (C) and § 301 of Part XXVIII of Title 51, L.A.C. The applicant hereby agrees to comply with all applicable provisions of Part XXVIII and all other applicable laws and regulations. Facility registrations expire on December 31 and must be renewed annually.

Signature of officer/agent/proprietor _____ **Date** _____
Printed name of signatory official _____