



PLAN REVIEW AND APPROVAL FOR BODY ART ESTABLISHMENTS

INTRODUCTION

This information packet describes the requirements to open a body art establishment. A copy of the "State of Delaware Regulations Governing Body Art Establishments" can be found online at <https://dhss.delaware.gov/dhss/dph/hsp/bodyart.html>.

Submit the following to the Environmental Health Field Services office in which the Body Art Establishment will be located:

New Castle County Environmental Health Field Services

University Office Plaza, Chopin Building – Suite 105
258 Chapman Rd.
Newark, DE 19702
Phone: (302) 283-7110 Email: DHSS_DPH_NCCEHS@delaware.gov

Kent County Environmental Health Field Services

Thomas Collins Building – 3rd Floor, Suite 5
540 S. Dupont Hwy.
Dover, DE 19901
Phone: (302) 744-1220 Email: DHSS_DPH_KCEHS@delaware.gov

Sussex County Environmental Health Field Services

Thurman Adams State Service Center – Suite 1700
546 S. Bedford St.
Georgetown, DE 19947
Phone: (302) 515-3302 Email: DHSS_DPH_SCEHS@delaware.gov

1. **One completed Application for Body Art Establishments**
2. **One completed Information Sheet for Body Art Establishments**
3. **Equipment Schedule**
 - **Specify manufacturers and model numbers.**
 - **Must list all tools, including inks, machines, blades and autoclave.**
4. **One copy of the proposed floor plan for the entire facility (drawn to scale ¼" = 1')**
 - **Must list locations of procedure chairs, hand sinks, mop sinks and bathrooms.**
 - **Must include square footage of all procedure areas.**

Plans will be reviewed within thirty (30) days in the order they are received. If further information is needed, you will be notified. Pre-operational inspections are required before the issuance of the operating permit and commencement of body art establishment operations.

No construction or alteration shall commence prior to Approval to Construct issuance.

No body art operations are approved prior to satisfactory pre-operational inspection.



APPLICATION FOR PERMIT TO OPERATE A BODY ART ESTABLISHMENT

SECTION A: IDENTIFICATION – Please print legibly in all blocks below, except where signature is required.
 1. NAME AND LOCATION OF BODY ART ESTABLISHMENT (Enter Street Address. Do Not Use P.O. Box Numbers)

Body Art Establishment Name: _____

Street Address: _____ City: _____ ZIP: _____

TEL NO. OF ESTABLISHMENT: _____ - _____ - _____ EMAIL: _____

2. NAME AND PERMANENT MAILING ADDRESS OF APPLICANT	3. SEASONAL/TEMPORARY ADDRESS (IF APPLICABLE)
Name: _____	Name: _____
Street Address: _____	Street Address: _____
City: _____ ZIP: _____	City: _____ ZIP: _____
TEL NO. _____ - _____ - _____	TEL NO. _____ - _____ - _____

4. MAIL CORRESPONDENCE TO (CHECK ONE): ADDRESS SHOWN IN **BLOCK #A1** ADDRESS SHOWN IN **BLOCK #A2**

SECTION B: TYPE OF ESTABLISHMENT **NEW ESTABLISHMENT** **RENEWAL (Permit #: _____)**
 (CHECK ONLY ONE CLASSIFICATION BELOW)

- 1. **FIXED LOCATION** - PERMANENT STRUCTURE LOCATED AT ADDRESS SHOWN IN **BLOCK #A1** ABOVE.
- 2. **MOBILE UNIT** - (SPECIFY ADDRESS WHERE UNIT IS MAINTAINED _____)

◆ IF THIS IS A CHANGE OF OWNERSHIP, INDICATE THE PREVIOUS ESTABLISHMENT NAME AND BUSINESS ID, IF KNOWN.

PREVIOUS NAME: _____ PREVIOUS BUSINESS ID: _____

TYPE OF PERMIT REQUESTED (CHECK ONLY ONE CLASSIFICATION BELOW)

- 1. **PERMANENT** - PROVIDES FULL SERVICES. ANNUAL RENEWAL IS REQUIRED. PERMIT FEE IS \$100.00.
- 2. **RESTRICTED** - PROVIDES LIMITED SERVICES. ANNUAL RENEWAL IS REQUIRED. PERMIT FEE IS \$100.00.
- 3. **TEMPORARY** - VALID FOR A PERIOD NOT TO EXCEED 14 CONSECUTIVE DAYS. NO FEE IS CHARGED.

TYPE OF BUSINESS ENTITY (CHECK ONLY ONE CLASSIFICATION BELOW)

- 1. **INDIVIDUAL**
- 2. **PARTNERSHIP** (NAME: _____)
- 3. **ASSOCIATION** (NAME: _____)
- 4. **CORPORATION** (NAME: _____)
- 5. **OTHER ENTITY** (SPECIFY TYPE: _____)

FEES: PLAN REVIEW IS REQUIRED FOR NEW CONSTRUCTION, CONVERSION OF EXISTING STRUCTURE TO BODY ART ESTABLISHMENT USE, REMODELING, RENOVATION, OR CHANGES IN ESTABLISHMENT TYPE. NO FEE IS CHARGED.

ESTABLISHMENT PERMIT FEE IS DUE WHEN THE BODY ART ESTABLISHMENT IS INSPECTED AND APPROVED FOR OPERATION. UPON APPROVAL, AN INVOICE WILL BE SENT TO THE APPLICANT OF RECORD. THE ANNUAL PERMIT FEE OF \$100.00 IS PAYABLE TO "DIVISION OF PUBLIC HEALTH" UPON INVOICING.

SECTION C: CERTIFICATION STATEMENT (APPLICANT SIGNATURE IS REQUIRED BELOW. DO NOT PRINT)
 I, THE UNDERSIGNED, IN APPLYING FOR A BODY ART ESTABLISHMENT PERMIT, ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION. I AFFIRM THAT THE ESTABLISHMENT WILL BE OPERATED IN COMPLIANCE WITH APPLICABLE "STATE OF DELAWARE REGULATIONS GOVERNING BODY ART ESTABLISHMENTS" AND WILL ALLOW AUTHORIZED REPRESENTATIVES OF THE DIVISION OF PUBLIC HEALTH ACCESS TO THE ESTABLISHMENT AND ITS RECORDS, AS MAY BE REQUIRED BY APPLICABLE REGULATIONS.

APPLICANT SIGNATURE **X** _____ DATE ____/____/____

FOR OFFICIAL USE ONLY BELOW THIS LINE

APPLICATION REVIEWED: APPROVED _____ DISAPPROVED _____ BY _____ DATE ____/____/____



**INFORMATION SHEET
 BODY ART ESTABLISHMENTS**

IDENTITY OF PLANS

Name of Body Art Establishment: _____

Address of Body Art Establishment: _____

Business Phone: _____

Name of Applicant: _____

Address of Applicant: _____

Phone: _____

Email: _____

Plan Review for: _____ New Construction _____ Conversion _____ Renovation

Indoor Areas (5.1.1)

Floors: _____ (list materials)
 Floors smooth and easily cleanable? _____ Yes _____ No
 Solid Partitions, floor-to-ceiling? _____ Yes _____ No
 Separate from food prep, hair salon & private residences? _____ Yes _____ No
 Ceilings: _____ (list materials)
 Ceilings smooth and easily cleanable? _____ Yes _____ No
 Chairs, benches and other procedural surfaces smooth and easily cleanable?
 _____ Yes _____ No

Outer Openings (5.1.2)

Protection at entrance from insects, rodents and vermin? _____ Yes _____ No

Space (5.1.3)

45 square feet of procedure space per operator? _____ Yes _____ No
 Screening for client privacy? _____ Yes _____ No
 Partitions, curtains, dividers for multiple body art stations? _____ Yes _____ No



Lighting and Ventilation (5.1.4)

Artificial light source of 20 footcandles at 3 ft. above floor? _____ Yes _____ No
Artificial light source of 100 footcandles at level where body art procedure is performed?
_____ Yes _____ No

Animals (5.1.5)

Live animals excluded from procedure areas? _____ Yes _____ No

Handwashing and Toilets (5.1.6)

Hand sink with hot and cold running water? _____ Yes _____ No
Wrist and foot controls (preferred over hand controls) on hand sinks?
_____ Yes _____ No
Soap, towels and trash receptacle at hand sinks? _____ Yes _____ No
One hand sink for every three operators? _____ Yes _____ No
Minimum of one toilet and lavatory? _____ Yes _____ No

Waste Receptacles (5.1.7)

Waste receptacle at each operator station? _____ Yes _____ No
Waste receptacle in toilet room? _____ Yes _____ No
Refuse containers cleanable? _____ Yes _____ No
Receptacles in operator areas emptied daily? _____ Yes _____ No
Solid waste removed from premises weekly? _____ Yes _____ No

Supplies (5.1.8 & 5.1.9)

Instruments and supplies stored in clean, dry and covered containers? _____ Yes _____ No
Washer and dryer on premises? _____ Yes _____ No
Reusable cloth items machine washed on site with detergent and dried after each use?
_____ Yes _____ No
Utilization of a commercial processing launderer? _____ Yes _____ No
Cloth items stored in a clean, dry place until used? _____ Yes _____ No
Soiled items stored separately from clean items? _____ Yes _____ No

Sterilization (5.5.3)

Will establishment utilize disposable instruments only? _____ Yes _____ No
(If "Yes", please skip remaining questions)
Access to FDA-approved steam autoclave for sterilization? _____ Yes _____ No
Sterilizer located away from work or public areas? _____ Yes _____ No
Access to ultra sonic unit? _____ Yes _____ No
Non-single-use, non-disposable instruments cleaned and sanitized after each use?
_____ Yes _____ No



BODY ART ESTABLISHMENTS

OPERATING CHARACTERISTICS

1. Total square footage of body art establishment premises: _____ sq. ft.
2. Number of floors where body art procedures are performed: _____ floor(s)
3. Type of body art procedures performed:

_____ Tattoo	_____ Scarification
_____ Ear Piercing	_____ Subdermal Implants
_____ Body Piercing	_____ Liplines/Lidlines
_____ Branding	_____ Tattoo Removal
_____ Other (specify)	
4. Number of operator stations: _____
5. Hours of Operation:
 - Sunday: _____
 - Monday: _____
 - Tuesday: _____
 - Wednesday: _____
 - Thursday: _____
 - Friday: _____
 - Saturday: _____
6. If seasonal, specify approximate dates of operation:
From: _____ To: _____

SAMPLE BODY ART ESTABLISHMENT EQUIPMENT SCHEDULE

NAME OF BODY ART ESTABLISHMENT: ***THIS PAGE IS A SAMPLE ONLY*** DATE: ___ / ___ / ___

SUBMITTED BY: _____

ITEM #	ITEM DESCRIPTION	MANUFACTURER	MODEL #
1	Tattoo Machine	Dragonhawk	Mast A2
2	Tattoo Ink	Eternal Tattoo Ink	12 Color Sample Set
3	Cartridge Needles	Dragonhawk	0.3 MM Round Liner
4	Pigment	Permablend	Darkest Brown
5	Microblade Pen	Tina Davies Professional	9 Classic
6	Microblading Blade	Mellie Microblading	#14 Classic Curved
7	Piercing Needles	Precision Needles	16g 3" Sterilized
8	Forceps	Kingpin	Pennington Disposable
9	Autoclave/ Sterilizer	Tuttnauer	1730 Valueklave
10	Ultrasonic Cleaner	Sharpertek	XPS-120-3L
11	Hand wash sink	Regency	600HS17
12	Sterilization sink	Steelton	522CS11818NK
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14			
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16			
17	NOTE: Mention of trade names on this sample are used as examples only and do not imply product endorsement.		
18			
19			
20			

(IF NECESSARY, ADD ADDITIONAL COPIES TO CONTINUE EQUIPMENT SCHEDULE AND FLOOR PLAN.)

BODY ART ESTABLISHMENT EQUIPMENT SCHEDULE

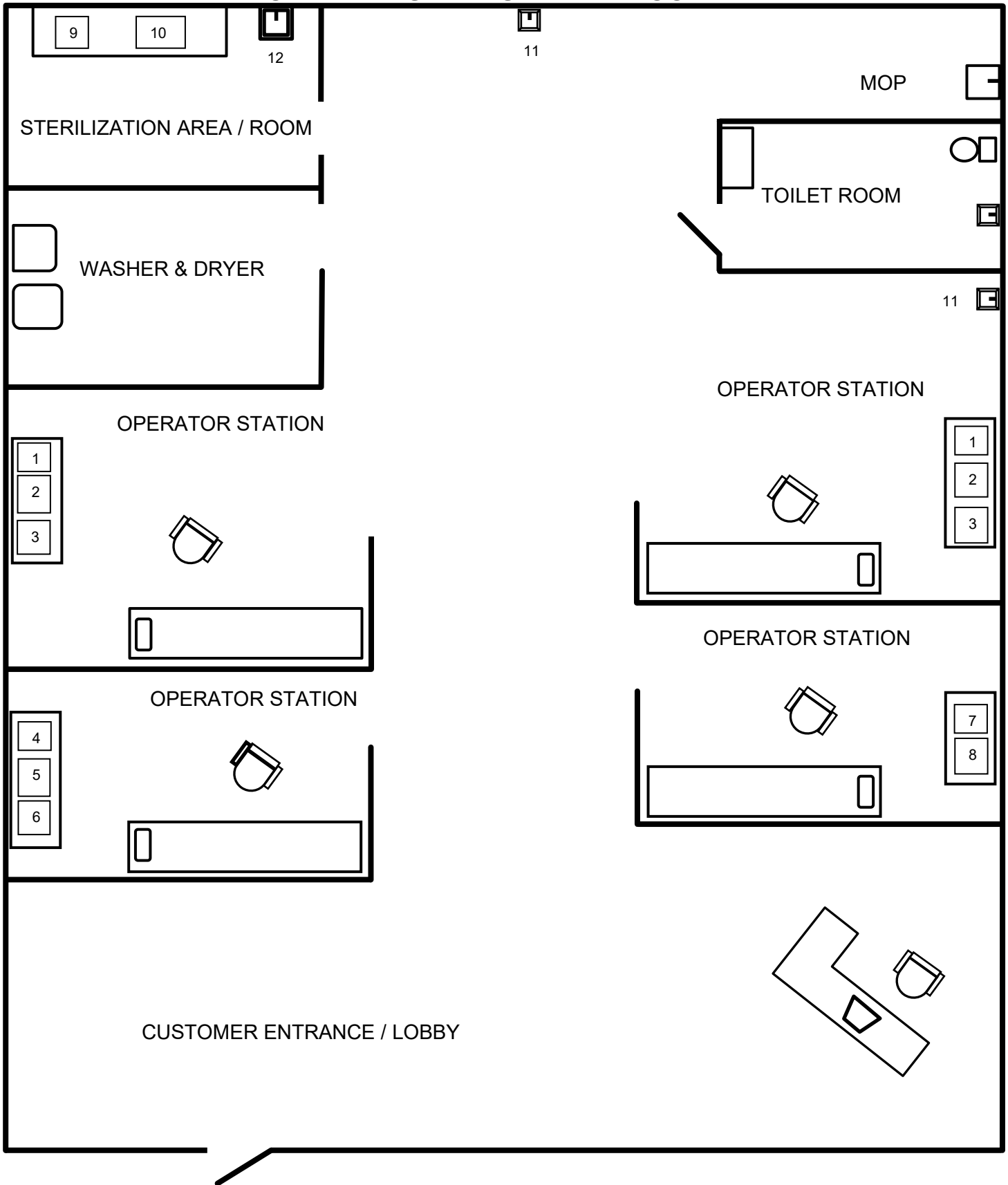
NAME OF BODY ART ESTABLISHMENT: _____ DATE: ____ / ____ / ____

SUBMITTED BY: _____

ITEM #	ITEM DESCRIPTION	MANUFACTURER	MODEL #
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(IF NECESSARY, ADD ADDITIONAL COPIES TO CONTINUE EQUIPMENT SCHEDULE AND FLOOR PLAN.)

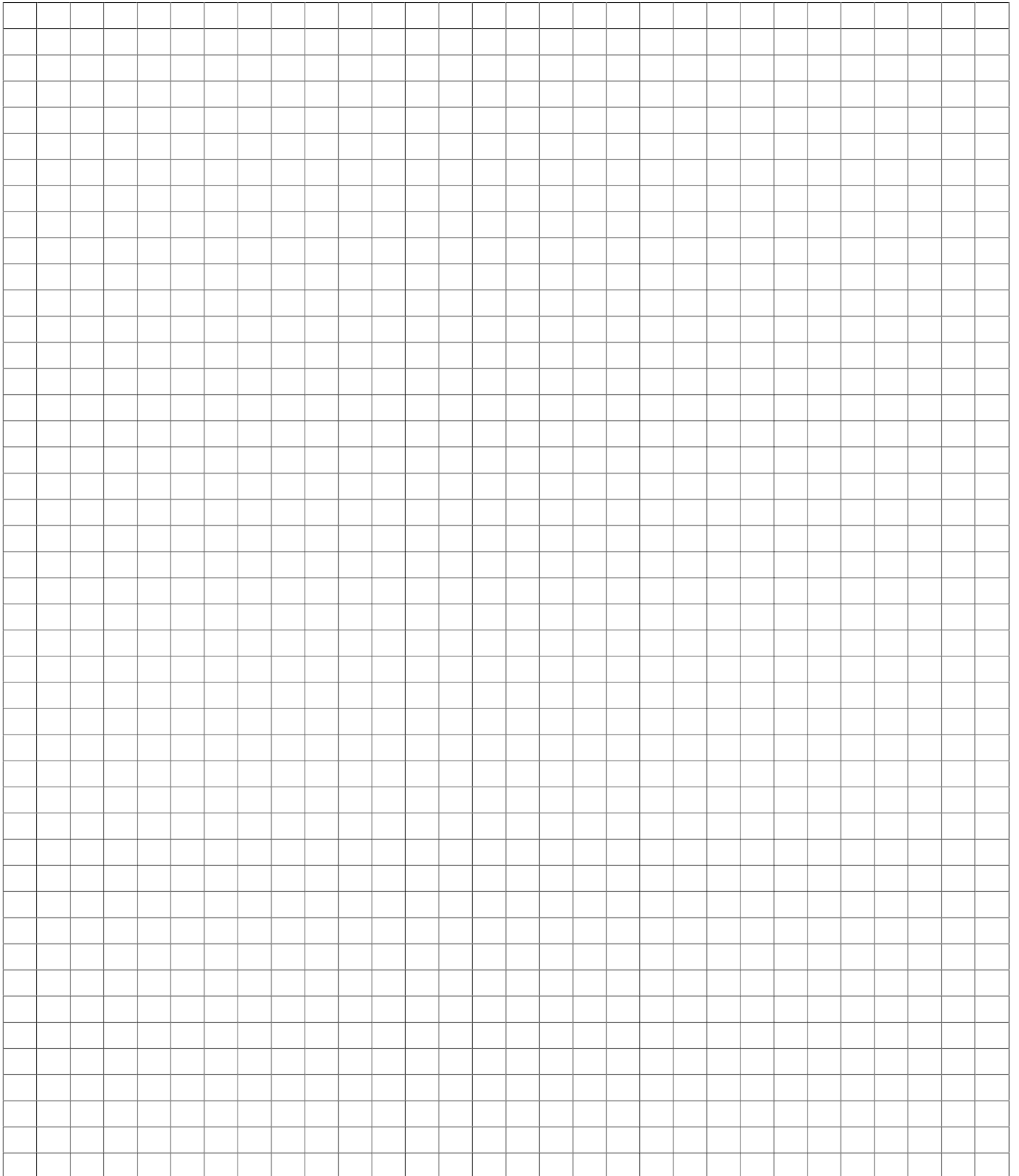
BODY ART ESTABLISHMENT FLOOR PLAN



BODY ART ESTABLISHMENT FLOOR PLAN & EQUIPMENT LAYOUT

Scale 1/4" = 1 foot (If other scale, notify: _____)

Submitted by:



BODY ART ESTABLISHMENT FLOOR PLAN & EQUIPMENT LAYOUT

Scale 1/4" = 1 foot

(If other scale, notify: _____)

Body Art Establishment Name: _____ Submitted by: _____