

Oregon Health Licensing Agency

Body Piercing Licensing Program



700 Summer St. NE, Suite 320
 Salem, OR 97301-1287
 Phone: (503) 378-8667
 Fax: (503) 370-9004
 Web Site: <http://www.oregon.gov/ohla/bp>
 E-mail: ohla.info@state.or.us

FACILITY LICENSE APPLICATION

COMPLETE ALL PARTS OF THIS FORM. PLEASE TYPE OR PRINT IN BLACK OR BLUE INK. Call the Oregon Health Licensing Agency (OHLA) if you have any questions. Incomplete applications will be returned. Use "N/A" to indicate information that is not applicable. This information will be used by OHLA to conduct a criminal history check, a background investigation, and to document your qualifications.

INDICATE TYPE OF FACILITY: Sole Proprietorship Partnership Corporation

1. Applicant Information

NAME of FACILITY

CORPORATION NAME

REGISTERED AGENT

EMPLOYEE IDENTIFICATION NUMBER (EIN)

ASSUMED BUSINESS NAME *(As filed with the Secretary of State, Corporation Division)*

OWNER:

BIRTHDATE

OWNER - SOCIAL SECURITY NUMBER

CO-OWNER:

BIRTHDATE

CO-OWNER - SOCIAL SECURITY NUMBER

FACILITY PHYSICAL ADDRESS

CITY

STATE

ZIP

FACILITY MAILING ADDRESS

CITY

STATE

ZIP

HOME TELEPHONE

BUSINESS TELEPHONE

E-MAIL ADDRESS

Do you practice at this facility? YES NO

Are you closing a previous facility? YES NO If yes, please list your facility license number :

Do you hold or have you previously held licensure, certification or registration with the Oregon Health Licensing Agency?

YES NO - If yes, please document your license / certification / registration number and expiration date below.

LICENSE / CERTIFICATION / REGISTRATION #

EXPIRATION DATE (MM/DD/YYYY)

As part of your application for initial or renewed occupational, professional or recreational license, certification, or registration issued by the Oregon Health Licensing Agency, you are required to provide your Social Security number to the Oregon Health Licensing Agency. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide your Social Security number will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your Social Security number is used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other uses of the number. Although a number other than your Social Security number appears on the face of the licenses, certificates, or registrations issued by the Oregon Health Licensing Agency, your Social Security number will remain on file with the Oregon Health Licensing Agency.

Complete the reverse side of application →

Do not write in this section – Official use only

Facility License #: BP-FA-

Initials _____ OTC Verified ID

Please answer the following questions:

(Attach additional pages if needed.)

Have you ever been arrested, charged, or convicted of any criminal offense?

NO YES If yes, please explain:

Have you ever used any other name other than the one you are using on this application?

NO YES If yes, please explain:

- Applicants for a facility license shall provide a map or directions if the facility is located in a rural / isolated area. Applicants must indicate if your Facility is located in a rural area or not or application will not be acceptable.

Facility is not in a rural or isolated area.

Facility is in a rural area and a map of the Facility's location is attached.

- List the name(s) and Certificate number(s) of *practitioners who are currently an EMPLOYEE at your facility. Practitioners must sign or the information will not be updated in the agency's database.*

Name	Practitioner Certification #	Signature

I am requesting exemption from supplying the Health Licensing Agency with the spore test results because this facility either:

Exclusively uses prepackaged sterile body and ear piercing equipment, including needles; or

Exclusively uses prepackaged sterile ear piercing equipment that utilizes an encapsulated single use stud with clasp mechanism designed for an earlobe piercing gun as defined in OAR 331-205-0020(25).

OR

Attach copy of spore test results.

I certify that I am 18 years or older. I understand that if a license is issued to me it cannot be transferred to another party or location unless; a new application and appropriate fees are submitted to the Oregon Health Licensing Agency (OHLA) prior to the opening of the business. I further certify that the facility premises comply with the rules of the OHLA, Building Codes, State Fire Marshal, all local zones and ordinances, health and safety laws of OHLA and the rules of any state agency. I understand that an inspection of the above premises may be made by an OHLA enforcement officer and that knowingly making a false statement in this application will be cause for denial, suspension, or revocation of this license. I further certify and understand that I must post in public view, in the facility, a disclosure statement prescribed by the OHLA and a notice containing the address of the program office and the procedure for filing a complaint.

If you're operating a non-profit facility, please contact the agency.

Owner / Registered Agent Signature: _____

Co-Owner Signature: _____

Date: _____

Body Piercing Facility License Check List

- OAR 331-210-0000(9) Complies with all applicable rules and regulations of the agency and other state, county and local agencies. This includes compliance with specifications for building, fire and plumbing codes, and with exit and fire standards established by the Building Codes Agency, the Office of the State Fire Marshal, and compliance with Oregon Occupational Safety and Health Division, OAR 437, Division 2, General Occupational Safety and Health Rules. These standards are available at the Oregon Occupational Safety and Health Division, Oregon Department of Consumer and Business Services, and the United States Government Printing Office.

● Requirements that need to be met to successfully complete this application.

Select your method of payment:

Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Purchase Order
Payment by Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover -(Card owner must either be the applicant or present with the application.)
Name on Card: _____ Credit Card Number: _____
Expiration Date: _____ CVV2 Number: _____ Authorized Amount: _____
Card Holder Signature: _____

- Front and back valid verification of one of the following: Drivers license, state ID card, passport, or a military ID card. You need to be at least 18 years of age to be a facility owner.
- Application fees and licensing fees are included with this application. If you're a non profit facility, please send proof of non profit status and any licensing fees shall be waived.
 - Application Fee = \$200.00
 - Licensing Fee= + \$350.00
 - Total Fees = \$550.00
- Application is completed, signed, and dated.