

# HEALTH LICENSING AGENCY



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## Permanent Color / Tattoo

Application\* (1268) \$25  
 Temp. Permit Fee (1824) \$50  
 TOTAL FEES \$75

\*Application fee is non-refundable.  
 Submit fees and application together.

AMOUNT REC'D \_\_\_\_\_ INT \_\_\_\_\_  
 CSH/ V/ MC/ CK/ MO: \_\_\_\_\_  
 OTC  
 Temporary Facility Permit # \_\_\_\_\_

FEE \$75

## TEMPORARY FACILITY PERMIT APPLICATION

**Name of facility** (As filed with the Secretary of State, Corporation Division) **Scheduled opening date**

**Facility location** (Please include suite, space or room # if applicable) **City** **State** **Zip Code**

**Business phone #** **Home phone #**

**Facility mailing address** (If mail can not be delivered to the physical location of the facility)

**Owner** (Not the landlord) Do you practice at this facility?  Yes  No Social Security # Technician Certificate #

**Co-owner** (If applicable) Do you practice at this facility?  Yes  No Social Security # Technician Certificate #

**Registered agent** (if corporation) Do you practice at this facility?  Yes  No Social Security # Technician Certificate #

Temporary Facility Permit effective date: \_\_\_\_\_ Expires 30 days from the effective date.

Date(s) and times facility will be in operation: \_\_\_\_\_

Names and license numbers of all technicians working in this location:

Technicians Name  Technician Certificate #

Technicians Name  Technician Certificate #

Technicians Name  Technician Certificate #

Technicians Name  Technician Certificate #

Technicians Name  Technician Certificate #

(Use additional page(s) if necessary.)

**TEMPORARY FACILITY DEFINED:** "Temporary facility permit" is an authorization pursuant to ORS 690.405 to operate a facility on a limited basis, not to exceed 30 consecutive calendar days, at locations away from the primary facility, such as fairs, carnivals or bazaars.

To be granted a temporary facility permit, a person must meet the following requirements:

(a) Be 18 years of age or older, if the applicant is a natural person. If the applicant is an entity other than a natural person, the entity must be formed and operated in accordance with Oregon law;

(b) Apply on forms prescribed by the agency and provide the required information and application fees.

(4) A temporary facility must:

(a) Receive the permit and post the authorization in public view before opening for business;

(b) Comply with the rules of the agency concerning health, safety and infection control;

(c) Comply with the applicable health and safety laws and rules of the agency and any other state agencies;

(d) Pay the required permit fees.

Please draw a map/floor plan of the temporary facility premises in the space provided below. (If located at a fair, carnival, etc. please draw a map to the location of the temporary facility within the event.)

The floor plan must show the following:

The facility premises in detail:

The location of the toilet facility:

The location of the facility water supply (must be in the facility – Note: Restrooms are unacceptable): and

The location of each booth or workstation.

**Check off List**

- o Submit completed, signed application.
- o Submit the \$25 application and \$50 permit fees.
- o Submit a map of the facility.

I have examined this application and attached documents, and certify that they are true, correct and complete. I understand that knowingly making a false statement in this application will be cause for denial, suspension, or revocation of this registration. I have enclosed the required fees and documentation. I understand my application may be subject to a criminal background check. I authorize the use of my Social Security number for that purpose. If registered to practice in Oregon, I will comply with the laws and rules adopted by the Agency.

\_\_\_\_\_  
Signature of owner/ registered agent Date

\_\_\_\_\_  
Signature of co-owner Date

I am requesting exemption from supplying the Health Licensing Agency with the spore test results because this facility exclusively uses single-use, prepackaged, sterile equipment, obtained from commercial suppliers or manufacturers.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OR**

**Attach copy of spore test results.**