



HEALTH LICENSING OFFICE
Board of Electrologists and Body Art Practitioners

1430 Tandem Ave. NE, Suite 180, Salem, OR, 97301
 Phone: 503-378-8667 | Fax: 503-370-9004
www.healthoregon.org/hlo | Email: hlo.info@state.or.us

BODY ART EVENT FACILITY LICENSE APPLICATION

The holder of an Event Facility License must be a natural person

1. Applicant / Event Information

Please indicate the number of individual booths to be present at the event.

1-100 101-200 201-300 301-400 401-500

NAME OF EVENT		DATE OF EVENT START DATE: _____ → END DATE: _____	
ASSUMED BUSINESS NAME (As Filed With Secretary Of State, Corporation Division)		REGISTRY NUMBER (Secretary of State, Corporation Division)	

EVENT FACILITY PHYSICAL ADDRESS

CITY	STATE	ZIP
APPLICANT (RESPONSIBLE PARTY) NAME:		BIRTH DATE
		SOCIAL SECURITY NUMBER (REQUIRED)

APPLICANT RESIDENTIAL PHYSICAL ADDRESS **(REQUIRED)**

CITY	STATE	ZIP
APPLICANT MAILING ADDRESS		
CITY	STATE	ZIP

PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL	BUSINESS TELEPHONE	EMAIL ADDRESS
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Have you ever been known under any other name?
 No Yes – If yes, list full name(s): _____

Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state?
 No Yes - If yes, please list information below.

State:	Lic./Cert./Reg.#	Expiration:
State:	Lic./Cert./Reg.#	Expiration:
State:	Lic./Cert./Reg.#	Expiration:

2. * (Complete This Section Only If Submitting Payment By Mail) *****

Method Of Payment For Application Fee = \$100

Please check one: Cash Check Money order Purchase order Credit card (see below)

Type of Credit Card: Visa MasterCard Discover (Cardholder must either be the applicant or be present at the time application is submitted) **Do Not Fax or Email Credit Card Information**

Name on card: _____

Card number: _____ Exp: _____ Authorized amount: \$ _____

Cardholder signature: _____

Do not write in this section – Official use only

Facility License #: **BAP-EVFA-** _____ Initials _____ OTC Verified ID Type: _____

Approval Code/Check# _____

3. Individual Records Questions: Please accurately answer all of the questions below. The Office may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.

● Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a professional license, certificate, registration or permit imposed by a licensing or regulatory authority in this or any other state? Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit. Yes No If yes, please explain (**attach additional pages if necessary**):

● Have you ever been convicted of a misdemeanor or felony? Yes No
 If yes, please list all convictions with the charges as stated in the court documents, including year convicted (**attach additional pages if necessary**).

Year Convicted

● As of today are you on probation or parole? Yes No If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

As part of your application for initial or renewed occupational or professional license, certification, or registration issued by the Health Licensing Office, you are required to provide your Social Security number (SSN) to the Office. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), 42 USC § 666(a)(13), and 41 CFR 61.7. Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your SSN is used for child support enforcement and tax administration purposes (including identification). The HLO will use your SSN for these purposes only, unless you authorize other uses of the number. Your SSN will remain on file with the Office.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification or registration. I have enclosed the required fees and documentation.

Signature:	Date:
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ORS 181.534, 670.280, 676.608, and 676.612 authorize the Health Licensing Office to conduct criminal background checks and the office requests that you voluntarily provide your Social Security number for this purpose. I understand my application may be subject to a criminal background check.

Before issuing a default final order, the Health Licensing Office must determine the military status of a Respondent, under 50 USC App § 521(b) (Supp. 2005). Your Social Security Number may be used in order to verify your military status (or lack thereof).

If any disciplinary action is taken against your license, certification, or registration, your Social Security Number may be reported to the federal Health Care Integrity and Protection Data Bank (NPDB) under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (Title IV); Section 1921 of the Social Security Act (Section 1921); Section 1128E of the Social Security Act (Section 1128E); and their implementing regulations found at 45 CFR Part 60.

I hereby voluntarily consent to disclose my Social Security number to the HLO for criminal background checks, verification of military status, and reports to the Health Care Integrity and Protection Data Bank. Failure to provide your Social Security number for these purposes will not be used as a basis to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your Social Security number by the HLO for these purposes, it may be used only for these purposes.

Signature:	Date:
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EVENT FACILITY LICENSE

OAR 331-925-0030

- (1) Event facility license defined under ORS 690.350 means an authorization issued under ORS 690.365 to operate a facility outside and away from a permanent physical location for specific approved period of time not to exceed 15 consecutive calendar days, for convention, educational, demonstration and exhibition purposes.
- (2) An event facility is comprised of individual booths where services in a field of practice are provided.
- (3) A representative of the event facility must be available at all times when services are being provided.
- (4) An event facility must be inspected by the HLO before services are provided in a field of practice.
- (5) An event facility must adhere to all standards within OAR chapter 331, division 930.
- (6) Event facility license holders must provide a hot and cold running water station for every 10 licensed individuals in a field of practice.
- (7) The owner of an event facility license must be a natural person.
- (8) An event facility license is not transferable from person to person, business to business, or location to location. Requirements under OAR 331-925-0035 must be met.
- (9) For the purpose of this rule a "booth" is 10 feet by 10 feet or 100 square feet of floor space and limited to two licensees.

REQUIREMENTS FOR EVENT FACILITY LICENSE APPLICATION

To be issued an event facility license the applicant must:

- Meet the requirements of OAR 331 division 30;
- Submit a completed application form prescribed by the HLO, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application fee = **\$100** (*see method of payment section above*);
- Submit one form of acceptable **photographic** identification as outlined in OAR 331-030-0000(10), **which must include applicant's current legal name**: Front and back of legible (clear) photocopies if submitted by mail; *driver license, state ID card, passport or military ID card*;
- Submit proof of being at least 18 years of age and provide a copy of their birth certificate, or school/military/governmental record with age documented (*if not already provided on photographic identification required above*);
- Submit a map or directions to the event facility if it is located in a rural or isolated area;
- Submit a current registration as required by Secretary of State, Corporations Division pursuant to ORS 648.007; AND
- Submit a current copy of the Assumed Business Name (ABN) filing if applicant is operating under an assumed business name prior to applying for a event facility license.

NOTE: ABN is not required if business includes the real and true name of each owner. Refer to Secretary of State, Corporations Division under ORS 648.005 through 648.990.

NOTE: Do not include the event facility license fee with this application. The Office will contact you to advise you of the license fee amount. The event facility license fee is based on the number of booths anticipated at the event. Interested persons may refer to the Office website at www.healthoregon.org/hlo for a complete list of fees.