



HEALTH LICENSING OFFICE
Board of Electrologists and Body Art Practitioners

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192
 Email: hlo.applications@dhsosha.state.or.us | Web: www.oregon.gov/oha/ph/hlo

For Office Use Only		
Applicant #:	Facility License #:	Staff Initials:

BODY ART EVENT FACILITY LICENSE APPLICATION

Applicant / Event Information

NAME OF EVENT:			
START DATE OF EVENT:		LAST DAY OF EVENT:	
ASSUMED BUSINESS NAME (as filed with the Secretary of State):			
REGISTRY NUMBER (Secretary of State, Corporation Division):			
EVENT FACILITY PHYSICAL ADDRESS (REQUIRED) :			
CITY:	STATE:	ZIP:	
APPLICANT LAST NAME:		FIRST NAME:	MIDDLE INITIAL:
BIRTHDATE:	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NONBINARY / OTHER		
APPLICANT RESIDENTIAL PHYSICAL ADDRESS (REQUIRED) :			
CITY:	STATE:	ZIP:	
APPLICANT MAILING ADDRESS (IF DIFFERENT FROM ABOVE):			
CITY:	STATE:	ZIP:	
BUSINESS PHONE:		PERSONAL PHONE:	
EMAIL (REQUIRED) :		SOCIAL SECURITY # (REQUIRED) :	

Have you ever been known under any other legal name? No Yes
 If yes, list all previous full (legal) names:

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 (add additional blank page if necessary):

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

Payment Information

Required Fees: (*The application fee is non-refundable)
***Application Fee = \$100**

Please check one: Credit Card (see below) Cashier's Check Money Order Purchase Order

DO NOT MAIL CASH

Type of Credit Card: Visa MasterCard Discover (Cardholder must either be the applicant or be present at the time application is submitted)

Name on card: _____

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

Cardholder signature: _____

(Do not write in the following section – Official use only)

Method of Payment: Visa MasterCard Discover Cashier's Check MO PO
 AMOUNT: _____ APPROVAL CODE/CK#: _____ INITIALS: _____

Individual Records Questions

Please accurately answer all of the questions below. The Health Licensing 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, including the charges as stated in the court documents and 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.

Applicant Signature:

Date:

ORS 181A.195, 181A.200, 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 National Practitioner 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 National Practitioner Data Bank (NPDB). 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.

Applicant Signature:

Date:

Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action Policy. If you choose to provide the optional information below, it will help us evaluate the effectiveness of our affirmative action programs. This information will also be used in the aggregate (i.e. as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing information.

Which of the following describes your racial or ethnic identity? Please check all that apply.

American Indian and Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit / Metis / First Nation
- Indigenous Mexican / Central American / South America

Asian

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino / Filipina
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Black and African American

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Other Black

Hispanic and Latino/Latina/Latinx

- Central American
- Mexican
- South American
- Other Hispanic or Latino/Latina/Latinx

Middle Eastern / North African

- Middle Eastern
- North African

Native Hawaiian and Pacific Islander

- Chamoru/Chamorro
- Guamanian
- Marshallese / Micronesian / Palauan / Tongan
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Other Pacific Islander

White

- Eastern European
- Slavic
- Western European
- Other White

Other Categories

- Other: _____
- Unknown
- Decline to answer

If you checked more than one race or ethnicity above, is there **one** you think of as your primary racial or ethnic identity?

- Yes, please list: _____
- I do not have just one primary racial or ethnic identity
- No, I identify as Bi-racial or Multi-racial
- Not applicable, I only checked one category above
- Unknown
- Decline to answer

APPLICATION REQUIREMENTS

PLEASE NOTE: The applicant is responsible for payment of fees assessed by the issuing organization(s) when obtaining required official documentation.

Applicant must:

—	Meet the requirements of Oregon Administrative Rule, Chapter 331, Division 30 .
—	<p>Submit this completed application. The application and application fee (see below) must be received the HLO no later than 30 days in advance of the event. Fill out the application completely, scan it, and email it to hlo.applications@dhsosha.state.or.us.</p> <p>Fill in the “Assumed Business Name” and “Registry Number” fields on the first page of this application.</p> <p>Note: The Assumed Business Name is not required if the business includes the real and true name of each owner. Refer to the Secretary of State, Corporations Division for further information.</p>
—	<p>Submit application fee of *\$100 with the above-named application no later than 30 days in advance of the event. If submitting the application by way of email, complete the credit card information on the application. If submitting application by way of the U.S. Postal Service, you can also pay using other **options listed on the application.</p> <p>*THE APPLICATION FEE IS NON-REFUNDABLE</p> <p>**NO PERSONAL CHECKS ACCEPTED</p> <p>**DO NOT SEND CASH THROUGH THE MAIL</p> <p>Note: Please submit the <u>application fee</u> of \$100 with this application however; do not include the <u>facility license fee</u> until you have communication with the HLO to advise you of the license fee amount. The event facility license fee is based on the number of booths anticipated at the event.</p>
—	<p>Submit one form of original identification issued by a government agency. Acceptable identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule.</p> <p>ID requirements are as follows:</p> <ul style="list-style-type: none"> • The ID must be issued by a government agency. • The ID must include the applicant’s current legal name. • The ID provided must be photographic. • We do not accept student ID cards, Costco cards, debit cards, etc. If you have a question about whether a particular ID type is acceptable, please call (503) 378-8667, to verify. • If submitting a photocopy of your ID by mail, a legible (clear) front and back copy must be submitted. Submit the copy on a full-sized piece(s) of copy paper, do not cut the ID images out. <p>If you do not meet all of the ID requirements above, you run the risk of your application process being delayed.</p>
—	Submit proof of being at least 18 years of age and provide official documentation confirming date of birth, such as a copy of the birth certificate, driver’s license, passport or school/military/governmental record with age documented (if not already provided on photographic identification required above).

Oregon Administrative Rule [331-925-0030](#)

Event Facility License

- (1) Event facility license defined as a facility under ORS 690.350 means an authorization issued under 690.365 to operate a facility on an irregular basis 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 Office before services are provided in a field of practice.
- (5) An event facility must adhere to all standards within OAR chapter 331, division 925.
- (6) Event facility owners must provide a hot and cold running water station for every 10 licensed individuals in a field of practice.
- (7) The holder of an event facility license must be a natural person.
NOTE: a natural person is a living individual human being. The event facility license holder may be an event facility owner, event facility manager, or any other natural person.
- (8) An event facility license is not transferable; the license is not transferable from person-to-person. 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.

Oregon Administrative Rule [331-925-0035](#)

Application Requirements for an Event Facility License

To be issued an event facility license the applicant must:

- (1) Meet the requirements of OAR 331 division 30;
- (2) Submit completed application form prescribed by the Office and pay required application fees, which must be received by the Office 30 days before the start of the event;
- (3) Submit documentation showing proof of being at least 18 years of age; documentation may include identification listed under OAR 331-030-0000;
- (4) Provide a map or directions to the facility if it is located in a rural or isolated area;
- (5) Provide proof of a current registration as required by Secretary of State, Corporations Division pursuant to ORS 648.007;
- (6) Hold a current Assumed Business Name (ABN) filing if applicant is operating under an assumed business name prior to applying for a facility license; and
- (7) Pay all licensing fees.

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.