



# **LICENSURE APPLICATION for TATTOO FACILITY**

**REGULATION 60-111**

**Return the completed application to:**

Email address: **TF@dph.sc.gov**  
(preferred)

Mailing address: **Bureau of Health Facilities Licensing  
P.O. Box 2046  
West Columbia, SC 29171**

For additional questions, please call: 803-545-4370

**Instructions for Completing Licensure Application for Tattoo Facility**  
**Division of Health Licensing**  
**0234-ENG-DPH**

**PURPOSE:**

In accordance with the South Carolina Department of Public Health Regulation 60-111, Standards for Licensing Tattoo Facilities, Section 202, an application for licensure shall be kept on file by the Department.

**INSTRUCTIONS:**

Your license must be renewed **prior** to the expiration date. Each licensee is responsible for renewal of the license prior to the expiration date regardless of any changes or pending approvals (i.e., ownership changes or capacity increases/decreases) from the Department that are in progress at the time the license is due for renewal.

The application must be complete and legible. Any missing information may result in delays in processing this application. Any section that requires additional space or documentation shall be included as an attachment on an 8.5" x 11" paper and labeled to identify to which section the additional material pertains. Proof of payment is required for all applications submitted.

**Reason for Application**

- Initial: Check this box only if this is the first time you are applying for a license with the Department.
- Relocation: Check this box only if your licensed tattoo facility is moving to a new location.
- Temporary License Request: Check this box if you are applying for a temporary (14 day) license.
- Change of Ownership: Check this box only if this is a change of ownership for a licensed facility. Enter the license number issued to the previous owner and the expiration date.
- Renewal: Check this box only if you are renewing your license. Enter the license number and expiration date. The name of the service/activity/facility must appear on this application exactly as it did the prior year.
- Change of License Request: Check this box if you are applying for a facility name change or a change in the number of stations.

**Part A: Basic Information – to be completed by initial, temporary, and relocation applications.**

- Complete the information for the proposed facility location using the physical address.
- Complete the information for the person who wishes to be contacted regarding the certification measurement, invoicing, and application process.
- Submit Part A and \$50 to the Department. **Do not complete the remainder of the application until directed to do so by the Department.**
- Do not complete the Certification Measurement section that is marked "Internal Use Only".

**Part B: Facility Information**

- **Initial, temporary, and relocation applicants should not complete this section until directed to do so by the Department.**
- Complete the information regarding the Facility. For facilities that are already licensed, the name of the facility must match exactly what is on the current license.
- Number of Stations: Renewal and Change of Ownership applications must match what is on the facility's current license. If a change in the number of stations is needed, please mark "Other Change" in addition to "Renewal" or "Change of Ownership" under "Reason for Application" and also complete the application parts required for "Other Changes".
- Complete the information regarding the contact person and where all communication, including the license, will be sent.
- Complete the information regarding the administrator.
- Attach a copy of each of the required documents on an 8.5" x 11" paper if the application is for an initial, temporary, or relocation application.

**Part C: Owner Information**

- **Initial, temporary, and relocation applicants should not complete this section until directed to do so by the Department.**
- Renewal and relocation applicants do not need to complete this section if they can attest that there is no change in ownership by checking the box.
- Complete the ownership information. (Name of the person (s) or legal entity licensed to operate the business at that site as indicated in Part A. This can be found on your current license or your documentation from the Secretary of State.)
- Indicate the ownership type.
- Complete the requested information:
  - For partnerships, you must provide the name of each partner;
  - For limited liability company (LLC), you must provide the names of members, attach a list with the names and address of the members of the limited liability company;
  - For a corporation, you must provide the name and title of each corporate officer.
- Attach the required documentation on an 8.5" x 11" paper.

**Part D: Licensure Changes**

- Chose either "Change of Facility Name" or "Change in Licensed Stations" or both if applicable.
- Complete the required sections.
- Attach the required floor plan if changing the number of licensed stations.

**Part E: Verification**

- **Initial, temporary, and relocation applicants should not complete this section until directed to do so by the Department.**
- The application shall be signed by the following:
  - If an individual partnership, the owner(s)
  - If a corporation, two of its officers if a corporation
  - If governmental unit, the head of the governmental department having jurisdiction
- This page must be notarized.

**OFFICE MECHANICS AND FILING:** The original shall be placed in the master file of the activity in the Health Licensing Section and maintained there in accordance with the most restrictive retention schedule assigned to this document or other documents contained in the file. The most restrictive retention schedule in the master files is SBH-16327, which requires documents to be kept for six years within Health Licensing. Records are then shipped to the Consolidated Storage Center for retention of not less than 24 years before destroying.



SOUTH CAROLINA  
DEPARTMENT OF  
PUBLIC HEALTH

# Application for Licensure of a Tattoo Facility

## Regulation 60-111

### Reason for Application

- ☐ **Initial**  
☐ **Relocation**  
☐ **Temporary** (14 days)

Complete part A ONLY  
and submit until further  
notification.

- ☐ **Change of Ownership**

Previous Owner's License  
Number: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_

Complete parts B, C, & E  
and submit.

- ☐ **Renewal**

License No. \_\_\_\_\_  
Exp. Date: \_\_\_\_\_

Complete parts B, C, & E and  
submit.

- ☐ **Other Changes**  
(Facility Name or Number  
of Stations)

Complete parts D & E and  
submit.



### INITIAL, RELOCATION, AND TEMPORARY APPLICANTS ONLY:

Initial, Relocation, and Temporary Applicants should submit the \$50 measurement fee and Part A only. The Bureau of Health Facilities Licensing will schedule a certification measurement to determine if the proposed facility meets the required 1,000-foot buffer from nearby churches, schools, and playgrounds according to Section 44-34-110 of the South Carolina Code of Laws. Applicants will be notified of how to proceed with the application process once the certification measurement has been obtained.

### PART A: Application for Certification Measurement

Proposed Facility Name:

Current License Number (Relocations Only)

Proposed Physical Address:

City:

State:

Zip:

County:

#### Contact Person / Owner

*(The Department will contact this person to for invoicing and scheduling the Certification Measurement)*

Name:

Telephone Number: (     )

Address:

City:

State:

Zip:

Primary Email:

*(Internal Use Only – Do Not Complete)*

### Certification Measurement

Official Distance:

\_\_\_\_\_ feet

Describe Starting Point: \_\_\_\_\_

Describe Ending Point: \_\_\_\_\_

Measurement performed by:

Date:

☐ Approved \_\_\_\_\_

<b>PART B: Facility Information</b>			
Facility Name:			
Physical Address:			
City:	State:	Zip:	County:
Mailing Address:			
City:	State:	Zip:	
Telephone Number: (      )		Fax Number: (      )	
Number of Stations:			
<b>Contact Person and Correspondence Mailing Address:</b> <i>(Name of the person who can make licensure/operation decisions about the facility and the address where ALL correspondence from the Bureau of Health Facilities Licensing, including the License, shall be received.)</i>			
Name:		Title:	
Address:		Telephone Number: (      )	
City:		State:	
Primary Email:			
<b>Administrator</b>			
Name:		Title:	
Address:			
City	State:	Zip:	
Telephone Number: (      )		Fax: (      )	
Email Address:			
<b>Initial, Relocation, and Temporary Applicants shall attach the following documentation:</b>  <input type="checkbox"/> A certified copy of local ordinance authorizing tattooing within its jurisdiction, or a letter signed by the city or county manager or administrator with authority to represent the city or county stating that tattooing is authorized within its jurisdiction;  <input type="checkbox"/> Description of the disposal methods of dyes, inks, and pigments, including written authorization for disposal from the local wastewater treatment plant or statement from landfill that disposal is in accordance with its waste acceptance plan; and  <input type="checkbox"/> A legible facility floor plan, drawn to scale, including location(s) of work station(s) and identification of sterilization equipment.  <input type="checkbox"/> A copy of the required advertisement pursuant to Section 44-34-110 of the South Carolina Code of Laws which states: <i>(C) A person who intends to apply for a license under this article must advertise at least once a week for three consecutive weeks in a newspaper circulated nearest to the proposed location of the business and most likely to give notice to interested citizens of the county, city, and community in which the applicant proposes to engage in business. The department shall determine which newspapers meet the requirements of this section based on available circulation figures and the proposed location of the business. However, if a newspaper is published in the county and historically has been the newspaper where the advertisements are published, the advertisements published in that newspaper meet the requirements of this subsection. The notice must be in the legal notice section of the paper, or in an equivalent section if the newspaper has no legal notice section, and must be in large type, cover a space one column wide and not less than two inches deep, and state the type of license applied for and the exact location at which the proposed business is to be operated.</i>			

## Part C: Owner Information

### Renewal and Relocation Applicants Only:

☐ By checking this box, I attest that there is no change in ownership from my previous application.

### Initial License, Temporary License, and Change of Ownership Applicants shall complete the following information:

Owner Name:

Address:

City:

State:

Zip:

Telephone Number: (      )

Fax: (      )

### Ownership Type:

☐ Sole Proprietorship

☐ Corporation\*

☐ Other \_\_\_\_\_

☐ Partnership

☐ Limited Liability Company (LLC)\*

\_\_\_\_\_

☐ Limited Partnership

☐ Government

\_\_\_\_\_

### Licensee or Owner Documents Required:

1. Secretary of State documentation, if applicable

☐ Attached ☐ Not Applicable

2. If the licensee is a corporation or partnership, attach a list identifying all officers

☐ Attached ☐ Not Applicable

3. If the licensee or owner is a corporation or partnership, attach a list with the name, address, and percentage of all owners that possess 5% or more ownership of the company or partnership.

☐ Attached ☐ Not Applicable

4. If any person or other legal entity can claim liabilities of the licensee or of the facility or service for which this license is requested, attach a list identifying the name, address, percent, and type of claim.

☐ Attached ☐ Not Applicable

## Part D: Tattoo Licensure Changes

*(Only complete this part if there is a facility name change, mailing address change, or a change in desired number of licensed stations.)*

☐ **Change of Facility Name**

(Complete Sections D.1, D.2, and E)

☐ **Change in Licensed Stations**

(Complete Sections D.1, D.3, and E)

**Name of Facility:** \_\_\_\_\_

**Facility License Number:** \_\_\_\_\_

### Section 1

#### Contact Person and Correspondence Mailing Address:

*(Name of the person who can make licensure/operation decisions about the facility and the address where ALL correspondence from the Bureau of Health Facilities Licensing, including the License, shall be received.)*

Name:

Title:

Address:

Tele. Number: (      )

City:

State:

Zip:

Primary Email:

### Section 2

#### Change of Facility Name

**Current Facility Name on License:**

**Proposed Facility Name:**

### Section 3

#### Change in Licensed Stations

**Choose one of the following:**

☐ Increase from \_\_\_\_\_ to \_\_\_\_\_ stations.

☐ Decrease from \_\_\_\_\_ to \_\_\_\_\_ stations.

☐ I have included a legible facility floor plan, drawn to scale, including location(s) of workstation(s) and identification of sterilization equipment.

## Part E: VERIFICATION

The application shall be signed by the following:

- If an individual, the **owner(s)**
- If a limited liability company, the **head of the limited liability company**
- If a corporation, **two** of its **officers**
- If governmental unit, the **head of the governmental department** having jurisdiction

I, the undersigned, being duly sworn on my oath, depose and say that I have read the foregoing application (and attachments) and know the contents thereof; that the statements contained are correct and true to the best of my knowledge and belief. Furthermore, I understand that I must comply with the standards set forth in South Carolina Regulation 60-111. I understand that non-compliance with these standards may result in the Department pursuing enforcement actions as provided in Regulation 60-111.

Signature:
Print Name:
Date:

Signature:
Print Name:
Date:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

**NOTARY PUBLIC** \_\_\_\_\_

My commission expires: \_\_\_\_\_

**Notary Seal:**