



DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTH  
FOOD & DRUG UNIT



FD-55 OFFICIAL REGISTRATION APPLICATION  
COMMERCIAL BODY ART FACILITY  
(Rev. 8/13)  
PAGE 1 of 3

Return this completed application and required check or money order to DHH/OPH, Food and Drug Unit, Bin #10, Box # 14, P.O. Box 4489, Baton Rouge, LA 70821-4489. A separate application is required for each new facility.

APPLICATION WILL NOT BE PROCESSED UNLESS IT IS FILLED IN COMPLETELY.

**PART I. COMMERCIAL BODY ART FACILITY INFORMATION (PLEASE PRINT OR TYPE):**

- 1. Facility Name \_\_\_\_\_
- 2. Legal Name (if different from #1) \_\_\_\_\_
- 3. Physical Address \_\_\_\_\_
- 4. City \_\_\_\_\_ 5. State \_\_\_\_\_ 6. Zip \_\_\_\_\_
- 7. Parish \_\_\_\_\_
- 8. Usual days and hours of operation \_\_\_\_\_
- 9. Telephone Number \_\_\_\_\_ 10. Email address \_\_\_\_\_
- 11. Mailing Address (if different from #3) \_\_\_\_\_
- 12. City \_\_\_\_\_ 13. State \_\_\_\_\_ 14. Zip \_\_\_\_\_
- 15. Procedures performed (check all that apply)      Tattooing      Body Piercing      Permanent Cosmetics

Before submitting this application and registration fee, contact local parish, city, or town officials to verify that your proposed commercial body art facility is in compliance with any applicable local zoning codes and ordinances. The Department of Health and Hospitals will not approve any application without prior certification by the facility owner that the facility is in compliance with local zoning regulations. If you have verified that there are no zoning codes or that your facility would be compliant with any existing codes, complete the appropriate section of #16. Item 16 is not required for renewal applications as long as there has been no change of location since the most recent registration was issued by the governing authority (DHH).

**16. ZONING CODE/ORDINANCE COMPLIANCE CERTIFICATION (To be completed by facility owner only):**

I hereby certify that the commercial body art facility at the address listed above in item # 3 is inside the boundaries of the city or town specified and is not prohibited by charter, ordinance, or any amendments thereto, as applies to zoning.

I have verified through all possible means that there are no zoning codes or ordinances applicable for the commercial body art facility listed in item # 3 of this application.

**Applicant signature** \_\_\_\_\_

**Date of application** \_\_\_\_\_



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**PART II. PURPOSE OF THIS APPLICATION/FEE SCHEDULE (PLEASE PRINT OR TYPE):**

17. Mark the appropriate box to indicate the type of application and/or any change in status of the facility.

New (Initial) Registration    \$1,000 – Registration is valid through December 31 of this year.

Temporary Event                      Fees are based on the number of booths and whether those booths host in-state or out-of-state operators.  
Registration is valid for a maximum of 14 consecutive days

Event start date \_\_\_\_\_ Event end date \_\_\_\_\_

Registration Renewal                \$500 – Registration renewals are valid through December 31 of the subsequent calendar year.

Notice: Commercial Body Art Facilities that are no longer in business or no longer operate as a Commercial Body Art Facility are required to notify the Food and Drug Unit upon ceasing operations so that the department can maintain an accurate establishment inventory.

**DESIGNATED MANAGERS OR RESPONSIBLE PERSONS-IN-CHARGE OF FACILITY:**

18. Manager's Name \_\_\_\_\_ 19. Manager's Phone Number \_\_\_\_\_

20. Home address \_\_\_\_\_

21. City \_\_\_\_\_ 22. State \_\_\_\_\_ 23. Zip \_\_\_\_\_

24. Asst. Manager's Name \_\_\_\_\_ 25. Asst. Manager's Phone Number \_\_\_\_\_

26. Home address \_\_\_\_\_

27. City \_\_\_\_\_ 28. State \_\_\_\_\_ 29. Zip \_\_\_\_\_

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**PART III. REGISTRANT INFORMATION (SELECT APPROPRIATE BUSINESS OWNERSHIP MODEL BELOW):**

**Proprietorship**

NAME, HOME ADDRESS AND TELEPHONE NUMBER OF SOLE PROPRIETOR

30. Proprietor's Name \_\_\_\_\_ 31. Proprietor's Phone Number \_\_\_\_\_  
32. Home address \_\_\_\_\_  
33. City \_\_\_\_\_ 34. State \_\_\_\_\_ 35. Zip \_\_\_\_\_

**Partnership/LLP/LP**

NAME, HOME ADDRESS AND TELEPHONE NUMBER OF PARTNERS

36. 1<sup>st</sup> Partner's Name \_\_\_\_\_ 37. 1<sup>st</sup> Partner's Phone Number \_\_\_\_\_  
38. Home address \_\_\_\_\_  
39. City \_\_\_\_\_ 40. State \_\_\_\_\_ 41. Zip \_\_\_\_\_  
42. 2<sup>nd</sup> Partner's Name \_\_\_\_\_ 43. 2<sup>nd</sup> Partner's Phone Number \_\_\_\_\_  
44. Home address \_\_\_\_\_  
45. City \_\_\_\_\_ 46. State \_\_\_\_\_ 47. Zip \_\_\_\_\_  
48. 3<sup>rd</sup> Partner's Name \_\_\_\_\_ 49. 3<sup>rd</sup> Partner's Phone Number \_\_\_\_\_  
50. Home address \_\_\_\_\_  
51. City \_\_\_\_\_ 52. State \_\_\_\_\_ 53. Zip \_\_\_\_\_

**Corporation/LLC**

DATE AND PLACE OF INCORPORATION, NAME AND ADDRESS OF REGISTERED AGENT

54. Date of Incorporation \_\_\_\_\_ 55. Place of Incorporation \_\_\_\_\_  
56. Name of Registered Agent for Service of Process \_\_\_\_\_  
57. Contact Address \_\_\_\_\_  
58. City \_\_\_\_\_ 59. State \_\_\_\_\_ 60. Zip \_\_\_\_\_

**PART IV. APPLICATION ENDORSEMENT:**

Application is hereby made for the registration and operation of the above-referenced Commercial Body Art Facility, as required by LSA R.S. 40: 2832 (A), (B), and (C) and § 301 of Part XXVIII of Title 51, L.A.C. The applicant hereby agrees to comply with all applicable provisions of Part XXVIII and all other applicable laws and regulations. Facility registrations expire on December 31 and must be renewed annually.

**Signature of officer/agent/proprietor** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Printed name of signatory official** \_\_\_\_\_