



Application Form Tattoo/Body Piercing
Studio Registration
Chapter 5.10, El Paso City Code



Applicants are required to provide information and documents. Incomplete applications will be returned without further review, until the necessary information and documents are provided. Tattoo/Body Piercing City Studio Registration will not be issued until it is in compliance with Chapter 5.10 and all municipal, state and/or federal laws applicable to Tattoo/Body Piercing.

I. Studio and Owner Information

A. Studio Owner Name: _____
(Last, First, Middle)

B. Studio Owner Mailing Address: _____
(City, State, Zip Code)

C. Studio Owner Phone Number with (area code): _____

D. Studio e-mail address: _____

E. Name of Studio: _____

Address: _____
(City, State, Zip Code)

Phone Number with (area code): _____

II. Studio Registration

Please select:

New Registration **Renewal**

Texas Department of State Health Services License:

A. License Number and Expiration Date: _____

III. Additional Information

Copies of the following documents must be included with this application:

A. City of El Paso Certificate of Occupancy for Studio*

B. Copy of current Government-issued photographic identification

*Certificate of Occupancy: For new construction, alterations or repairs, certificates of occupancy are supplied when all work for which the building permit issued is complete and has passed final inspection. The City also issues certificates of occupancy for existing buildings when the original certificate has been misplaced. To obtain your certificate of occupancy, contact the One Stop Shop. Prior to certificate issuance, our staff will verify that your project has passed all required inspections and all outstanding fees have been paid.

IV. Studio Owner Signature

By affixing my signature to this application, I acknowledge that my City Studio Registration or License may be suspended or revoked for applying false or misleading information on this application, or for any of the provisions of Section 5.10.140 of the El Paso City Code.

A. Print Name: _____

B. Signature: _____

C. Date Signed: _____

Fees

Application Fee:

\$60.00

Registration must coincide with the expiration date of the studio’s Texas Department of State Health Services License:

Pro-rated at **\$12.50 per month**

Re-Inspection Fee: (if applicable) **\$45.00**

Processing Options:

1. Email: For convenient processing, please submit your application electronically to OSSHelp@elpasotexas.gov with your application and supplemental documents. Upon receipt of a complete application a representative will contact you with payment option information.

2. Office visit and mailing address:
One Stop Shop Planning & Inspections Department
811 Texas Ave.
El Paso, TX 79901