



Application For Permit BODY PIERCING FACILITY Division of Health Licensing

In accordance with §44-32-40 of the South Carolina Code Ann. (Suppl. 2001) and Regulation 61-109, owners and prospective owners must file an application under oath prior to engaging in the business of body piercing, and annually thereafter. Permits are effective for a 12-month period following the date of issue.

1. A. _____
(Name of facility to be permitted)
- B. _____
(Street Address or Location)
- C. _____
(City) (County) (Zip Code) (Telephone #)
- D. _____
(Mailing Address, if different) (City) (State) (Zip Code)
- E. _____
(e-mail address)

2. Reason for application (check one or more):

- A. New business (Initial Permit)
- B. Renewal of Permit # _____ which expires _____.
- C. Change of:
- (1) ownership from _____
to _____
- (2) name of business from _____
to _____
- (3) address of business from _____
to _____

NOTICE: Your permit must be renewed prior to the expiration date. The current owner is responsible for renewal of the permit prior to the expiration date regardless of any changes or pending approvals (i.e., ownership change) from the Department that are in progress at the time the permit is due for renewal. To avoid a lapse in your permit, please submit an application to renew the current permit and a second application to effect the changes.

3. Administrative Officer (Facility Contact): **Prefix:** Mr. Mrs. Ms. Dr. Other: _____
First Name: _____ **MI:** _____ **Last Name:** _____
Generation: Sr. Jr. III Other: _____ **Suffix:** MD Ph.D. RN Other: _____
Title: _____

4. Please complete the information below for all body piercing technicians that work at this facility:

A. _____ Date of Birth ____ / ____ / ____
Last Name First Name Middle Initial mm dd yy

Is this body piercing facility the employee's **primary** place of work as a body piercing technician?
 Yes No If no, identify the primary body piercing location where this employee engages in the practice of body piercing as a body piercing technician:

Facility Name: _____
Location Address: _____
Location City, State, Zip: _____

B. _____ Date of Birth ____ / ____ / ____
Last Name First Name Middle Initial mm dd yy

Is this body piercing facility the employee's **primary** place of work as a body piercing technician?
 Yes No If no, identify the primary body piercing location where this employee engages in the practice of body piercing as a body piercing technician:

Facility Name: _____
Location Address: _____
Location City, State, Zip: _____

C. _____ Date of Birth ____ / ____ / ____
Last Name First Name Middle Initial mm dd yy

Is this body piercing facility the employee's **primary** place of work as a body piercing technician?
 Yes No If no, identify the primary body piercing location where this employee engages in the practice of body piercing as a body piercing technician:

Facility Name: _____
Location Address: _____
Location City, State, Zip: _____

D. _____ Date of Birth ____ / ____ / ____
Last Name First Name Middle Initial mm dd yy

Is this body piercing facility the employee's **primary** place of work as a body piercing technician?
 Yes No If no, identify the primary body piercing location where this employee engages in the practice of body piercing as a body piercing technician:

Facility Name: _____
Location Address: _____
Location City, State, Zip: _____

Check this block if you have additional body piercing technicians other than the four identified above that are working at this body piercing facility and attach a sheet with similar information as requested above.

5. Owner (The legal entity who, or whose governing body, has the ultimate responsibility and authority for the conduct of the facility or service; the owner of the business.
- A. _____
(Name of Individual Owner, Name of Partners, or Name of Company)
- B. _____
(Mailing Address) (City) (State) (Zip Code)
6. Check one of following characteristics in each of the three categories that applies to the business:
- A. Profit Not for Profit (Non Profit)
- B. Sole proprietorship Partnership Limited Partnership Corporation
 Limited Liability Company None in these categories apply
7. If the business **is not** owned by a sole proprietor, please complete the following:
- A. _____
(Complete title of the business's governing body)
- B. _____
(Name and title of presiding officer of governing body)
- _____ (Mailing address of presiding officer)
- _____ (City) (State) (Zip Code) (Telephone Number)
- C. (1) If a publicly held entity or corporation, does any person or other legal entity own 5 percent or more of the ownership interest or owner's equity of the business? Yes; No. If yes, then attach a list identifying the name, address, percent and type of ownership claim.
- (2) If not a publicly held entity, attach a list identifying the name, address, percent and type of ownership claim of all others.
- D. Does any person or other legal entity claim liabilities of the owner or of the facility or service for which this permit is requested? Yes; No. If yes, then attach a list identifying the name, address, percent, and type of claim.
- E. If the owner is a corporation or partnership, **you must attach a list identifying all officers** with your initial application and **annually thereafter with each permit renewal application.**
8. Real property ownership. Is the land and/or building on/in which the business is conducted owned by the holder of the permit? Yes; No. If no, attach a copy of the contract/lease/rental agreement.
9. Management. Has the owner engaged an entity other than an employee of the owner to manage or operate the business? Yes; No. If yes, attach information regarding that agreement.

10. Is there any agreement, contract, option, understanding, intent or other arrangement that will affect a change in any of the information requested and/or provided in Lines 7, 8, or 9 above? Yes; No. If yes, attach a complete description of how it affects this information.

11. Do you operate satellite locations or branch offices that engage in the practice of body piercing as defined by §44-32-40 of the South Carolina Code Ann. (Suppl. 2001)? Yes No

12. If you checked the "Yes" block on line 11, you must complete a separate permitting application form (DHEC Form 0264) for each satellite location or branch office that engages in the practice of body piercing.

13. VERIFICATION

State of _____

County of _____

I, _____ and _____
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 61-109 and that noncompliance with these standards may result in the Department pursuing enforcement actions as provided in Regulation 61-109.

(Signature)*

(Title)

(Signature)*

(Title)

*An application must be signed by the owner if an individual; or in the case of a limited liability company, the head of the limited liability company; or two of the owners if a partnership; or, in the case of a corporation, by two of its officers; or, in the case of a governmental unit, by the head of the governmental department having jurisdiction over the facility.

Subscribed and sworn to before me this _____ day of _____, _____.
(Month) (Year)

NOTARY PUBLIC _____

My commission expires _____ **NOTARY SEAL**

14. _____
(Name and title of person preparing this application) (Telephone Number) (Date Prepared)

**Instructions for Completing DHEC Form 0264
Body Piercing Facility Application for Permit**

PURPOSE: In accordance with §44-32-40 of the South Carolina Code Ann. (Supplement 2001) and Regulation 61-109, owners and prospective owners must file an application under oath prior to engaging in the business of body piercing, and annually thereafter. Permits are effective for a 12-month period following the date of issue.

INSTRUCTIONS:

Line 1.A. Enter the name of your facility/business as it appears on your South Carolina business license. If the name of your facility is incorporated, then the name on line 1.A. must appear exactly as it appears in the Articles of Incorporation as issued by the Secretary of State's Office.

If this is an initial request for a permit, we recommend that you limit the name of the facility/business to 65 characters (including spaces) as that is the limit of our database. Names longer than 65 characters will necessitate that we abbreviate the name or cut it off after 65 characters. The abbreviated name will appear on all our information that is made available to the public and may not accurately reflect the actual name of your facility/business if longer than 65 characters.

The name of the facility/business on Line 1.A. should be consistent with the name as it appears on other documents submitted during the initial permitting process. Afterwards, if you desire to change the name of the facility/business, you may submit another application to reflect the change, thereby ensuring that the name reflects what you actually intended the facility/business to be named.

Line 1.B.C. Enter on line 1.B. the address where the facility is physically located. On line 1.C., enter the location city, state, zip and telephone number.

Line 1.D. Enter the mailing address if it is different from the location address. If it is the same, enter "Same".

Line 1.E. Enter your e-mail address.

Line 2.A.B. Check the appropriate response as to your reason for submitting the application.

Line 2.C. If you are making a change that will alter the information on the face of your current permit, check this box. (See Notice on page 1 of this application.)

Line 2.C.(1) If this is a change in ownership of the permit, **the application should be completed by the individual or entity that will become the new owner of the business**, as permits are not transferable. Regardless of the party that completes the application, the signature(s) on Line 13 must be that of the new owner. The Department will continue to recognize the current owner as the holder of the permit until the application for a change in ownership has been approved by our office. Until we grant approval to issue a new permit to the new owner, the current owner is responsible for renewing the current permit prior to the expiration date and must submit a separate application to renew the current permit. Enter the name of the current owner on the first space and the name of the new owner on the second space.

Line 2.C.(2) Enter the current name of the facility/business on the first line and the new name on the second line. (Please refer to instructions for Line 1 concerning character limitations of facility/business names.)

- Line 2.C.(3) Enter the old address of the facility/business on the first line and the new address on the second line. Indicate if this is a change in mailing address or location address. (**Note: you cannot move the permitted business activity to another location without prior approval from our office. Such a change would necessitate that an application as a new or initial permit be submitted.**)
- Line 3. Check the appropriate boxes and enter the name and title of the individual designated as the Administrator of the facility that contact between our Department and the facility will be made.
- Line 4. Enter the information for each body piercing technician working at this facility/business for which the permit is to be issued. If a technician working in this facility will also be working at another permitted facility, and the information about the technician was included on another permit application, you must enter the information again on this permit application.
- Line 5. **Ownership information:** If you have procured the services of a management company to operate the business on behalf of the owner, the management company **is not** the holder of the permit. Information pertaining to the management company is requested in Line 9. Only information pertaining to the owner is requested in Line 5.
- Line 5.A. If the owner is an individual (sole proprietorship), enter his/her legal name. All others must enter the name as legally registered to do business in this State or as listed in the articles of incorporation.
- Line 5.B. Self-explanatory.
- Line 6.A.B. Only one block per category (A) and (B) shall be checked. If the permit is for a renewal, and you check any block different from the application submitted last year, you must attach a full explanation and any other pertinent documentation to support the change. (**Note: You cannot arbitrarily change from one type of ownership to another without an official notarized agreement if a partnership or; articles of incorporation if a limited partnership, corporation or limited liability company.**)
- Line 7.A. Enter on this line the complete title of the business's governing body. If sole proprietorship, enter the individuals name on this line. Generally, the governing body is a board of directors elected or appointed and is usually within the organization or entity that is the holder of the permit.
- Line 7.B. Enter the name, title, mailing address, and phone number of the individual that is the president or chief executive officer (CEO) of the governing body.
- Line 7.C. Self-explanatory. A publicly held entity is one which is offering or has ever offered its stock for sale on a public exchange.
- Line 7.D. Self-explanatory.
- Line 7.E. If the owner of the business is a corporation or partnership, **you must attach a list identifying all officers** with your initial application and each subsequent permit renewal application.
- Line 8. Self-explanatory. The permit holder must be the sole owner of the property unless the permit holder has entered into a legal lease or rental agreement with the real property owner.

- Line 9. If the owner of the business has procured the services of a management company to operate the business, attach a list providing information similar to that required in Line 7. **The management company under no circumstances is the holder of the permit.**
- Line 10. Self-explanatory.
- Line 11. Self-explanatory.
- Line 12. A separate permit is required for each satellite location or branch office that engages in the practice of body piercing. If you checked yes on line 11, you will need to submit a separate application for each satellite location or branch office.
- Line 13. Self-explanatory. The verification signatures must be those of the individuals who are officers of the business's governing body. Individuals belonging to a management company or other persons who are not officers of the governing body cannot sign on behalf of the permit holder. In the case of a sole proprietorship, the signature must be that of the person identified on Line 5.A. If the permit application is being notarized outside of the State of South Carolina, the notary seal of that state in which it is notarized must be affixed to the application. Otherwise, if the application is being notarized by a notary registered with the State of South Carolina, the notary seal is not required to be affixed to the application.
- Line 14. Self-explanatory.

Return completed application to:

**SCDHEC
Division of Health Licensing
2600 Bull Street
Columbia, South Carolina 29201**

OFFICE MECHANICS AND FILING: The original shall be placed in the Master File of the activity in the Division of Health Licensing and kept 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 our Master Files is SBH-F&S-17, which requires documents to be kept for 6 years within Health Licensing. Records are then shipped to the Consolidated Storage Center for retention of not less than twenty-four years before destroying.