



LOUISIANA DEPARTMENT OF HEALTH  
OFFICE OF PUBLIC HEALTH  
FOOD & DRUG UNIT

FD-55 OFFICIAL REGISTRATION APPLICATION  
COMMERCIAL BODY ART FACILITY  
(Rev. 12/20)

Return this completed application and required cashier's check or money order to your inspector. A separate application is required for each new facility. For fee information, visit [ldh.la.gov/cba](http://ldh.la.gov/cba).

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

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

Facility name \_\_\_\_\_

Legal name (if different) \_\_\_\_\_

Physical address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parish \_\_\_\_\_

Mailing address (if different from physical) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Usual days and hours of operation \_\_\_\_\_

Telephone number \_\_\_\_\_ Email address \_\_\_\_\_

Procedures performed      Tattooing      Body piercing      Permanent cosmetics (including microblading)

Type of facility      Shop      Training Facility      Temporary Event Venue

**PART II. REGISTRANT INFORMATION (SELECT BUSINESS ORGANIZATION BELOW):**

Proprietorship      Corporation/Limited Liability Corporation      Partnership/LLP

Name of owner or agent \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number \_\_\_\_\_ Email address \_\_\_\_\_

**PART III. AFFIDAVIT:**

Application is hereby made for the registration and operation of the above-referenced Commercial Body Art Facility, as required by La. 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/owner \_\_\_\_\_ Date \_\_\_\_\_

Printed name of officer/agent/owner \_\_\_\_\_