



BODY PIERCING AMENDMENT APPLICATION

DO NOT WRITE IN THIS BOX -FOR DSHS USE ONLY

BUDGET/FUND: **ZZ105-086** REMIT # _____
REMIT DATE: _____ AMT RECVD: _____

RCVD DATE: _____ INIT: _____ FILE # _____
APRV DATE: _____ INIT: _____ APP # _____

Current License Number

What are you amending	
PHYSICAL LOCATION	<input type="checkbox"/>
OWNERSHIP	<input type="checkbox"/>
BUSINESS NAME	<input type="checkbox"/>

Please note:

- A copy of all owner's Driver's License is required with applications.
- Amendments for change of location must be submitted 30 days in advance of the change taking place. Proof of proper zoning for the new address must be submitted with location amendments.
- Proof of DBA filing must be submitted with change of business name amendments.

CHANGE OF NAME AMENDMENT	
CURRENT COMPANY NAME	NEW COMPANY NAME
CURRENT DBA NAME	NEW DBA NAME

CHANGE OF PHYSICAL LOCATION AMENDMENT		
CURRENT PHYSICAL ADDRESS		
STREET NUMBER AND NAME	CITY	ZIP CODE
NEW PHYSICAL ADDRESS		
STREET NUMBER AND NAME	CITY	ZIP CODE
MAILING ADDRESS		
STREET NUMBER AND NAME	CITY	ZIP CODE

CURRENT BUSINESS PHONE #	NEW BUSINESS PHONE #
CURRENT HOURS OF OPERATION	NEW HOURS OF OPERATON

Mailing Address
Department of State Health Services
Cash Receipts Branch - MC 2003
PO Box 149347
Austin, TX 78714-9347

CHANGE OF OWNERSHIP AMENDMENT			
CURRENT OWNER NAME		NEW OWNER NAME	
CURRENT FEIN OR SSN		NEW FEIN OR SSN	
CURRENT BUSINESS STRUCTURE		NEW BUSINESS STRUCTURE	
MAILING ADDRESS OF PRIMARY OWNER		CITY	STATE
MAILING ADDRESS OF SECONDARY OWNER		CITY	STATE
WEBSITE ADDRESS (IF APPLICABLE)			
PRIMARY OWNER PHONE #	PRIMARY OWNER DRIVERS LICENSE/ ID # AND STATE OF ISSUANCE		
SECONDARY OWNER PHONE #	SECONDARY OWNER DRIVERS LICENSE/ ID # AND STATE OF ISSUANCE		
PRIMARY OWNER EMAIL ADDRESS		SECONDARY OWNER EMAIL ADDRESS	

*For businesses that have more than 2 owners (i.e. Corp., LLC, etc.) please submit the requested info for each owner on a separate piece of paper.

CERTIFICATION: I certify that I have read and understand the applicable rules of 25 Texas Administrative Code, Chapter 229 and agree to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a license. If signing as a sole proprietor, I certify I have filed the assumed name certificate in appropriate counties pursuant to Business and Commerce Code, Chapter 36. I certify that the studio at the address listed above is in an area in which the location is permissible under local zoning codes.

DATE	OWNER SIGNATURE

IMPORTANT INFORMATION

The fee for a Body Piercing Studio Amendment is \$200 without a tattoo license and \$150 if you have a tattoo license.

All fees are non-refundable.

Amendments cannot be processed on our website; they must be mailed in with a check or money order to the address at the bottom of this form.

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