

#### New Mexico Regulation and Licensing Department BOARDS AND COMMISSIONS DIVISION Board of Body Art Practitioners P.O. Box 25101 • Santa Fe, New Mexico 87504 (505) 476-4622 • Fax (505) 476-4545 • http://www.rld.state.nm.us/boards/body-art-practitioners.aspx

# BODY ART OPERATOR ESTABLISHMENT APPLICATION REQUIREMENTS FOR OPERATOR ESTABLISHMENT LICENSE: <u>Non-Refundable Fee \$300.00</u>

**1.** All walls and floors of a body art establishment shall be washable and in good repair. Walls and floors shall be maintained in a clean condition. All surfaces, including client chairs and benches shall be of such construction as to be easily cleaned and sanitized after each client procedure. All body art establishments shall be completely separated by solid partitions, or by walls extending from floor to ceiling, from any room used for human habitation, a food establishment or room where food is prepared, a hair salon, retail sales, or other such activity which may cause potential contamination of work surfaces.

**2.** Insects, vermin and rodents shall not be present in any part of the body art establishment, its appurtenances or appertaining premises.

**3.** There shall be a minimum of 40 square feet of floor space for each procedure room. Each body art establishment shall have an area which may be screened from public view for clients requesting privacy. Multiple procedure rooms shall be separated by wipeable dividers, curtains or partitions.

**4.** The body art establishment shall be well-ventilated and provided with an artificial light source equivalent to at least 20 foot candles three feet off the floor, except that at least 100 foot candles shall be provided at the level where the body art procedure is being performed, and where instruments and sharps are assembled.

**5.** No animals of any kind shall be allowed in a procedure room except service animals used by persons with limitations. Small animals confined to a cage or aquariums are allowed only outside a procedure room.

**6.** A separate, readily accessible, hand sink with hot and cold running water, under pressure, preferably equipped with wrist or foot operated controls and supplied with liquid antimicrobial soap and disposable paper towels shall be readily accessible within the body art establishment. One hand sink shall serve no more than three operators. In addition, there shall be a minimum of one lavatory, excluding any service sinks, and one toilet in a body art establishment.

7. At least one covered waste receptacle shall be provided in each operator area and each toilet room. Receptacles in the operator area shall be emptied daily and solid waste shall be removed from the premises at least weekly. Receptacles in the operator area shall either have a foot operated lid or a lid that can and shall remain open during body art procedures to prevent hand contact with the receptacle during a procedure. All refuse containers shall be cleanable and kept clean.

8. All instruments and supplies shall be stored in clean dry covered containers. (16.36.3 NMAC 2)

**9**. If reusable cloth items, including but not limited to lap-cloths, are used, they shall be mechanically washed after each client procedure. Reusable cloth items shall be mechanically washed with detergent and dried. The cloth items shall be stored in a clean dry environment.

**10**. The following information shall be kept on file on the premises of a body art establishment and available for inspection by the board:

- Full names of all employees in the establishment and their exact duties
- A board-issued license with identification photograph
- Body art establishment name and hours of operation
- Name and address of the body art establishment owner
- Complete description of all body art performed
- Maintenance of a material safety data sheet (MSDS) file containing pertinent information regarding products
- Copy of the Body Art Safe Practices Act and current rules

**11**. An operator shall notify the board in writing not less than 30 days before changing the location of a body art establishment. The notice shall include the street address of the new location.

## **BODY ART OPERATOR ESTABLISHMENT APPLICATION - \$300 Non-Refundable**

# Please submit a copy of City Business License with your application. Please mail completed application and payment to P.O. Box 25101, Santa Fe, NM 87504.

Facility name:	Phone:		
Facility street address:			
Facility city/state/zip code:			
Approximate date of opening:			
Name of Owner			
If you are not a licensee of the Board, provide nam	ne and license number of person who will manage the		
establishment, enterprise or clinic.			
Name:	License Number:		
This establishment or clinic is in a $\Box$ residence $\Box$	business building ( <i>check one</i> ).		
4D 11 11			
*Email address: *Required Field – All communications (including renewal no			
	ptices) will be sent to this email address.		
*Required Field – All communications (including renewal no Fill out this portion if you are relocating an estat	blishment, enterprise, or clinic.		
*Required Field – All communications (including renewal no Fill out this portion if you are relocating an estat NAME CHANGE - RELOCATING OPER	blishment, enterprise, or clinic. ATOR ESTABLISHMENT, ENTERPRISE OR ase).		
*Required Field – All communications (including renewal no <i>Fill out this portion if you are relocating an estat</i> <b>NAME CHANGE - RELOCATING OPER</b> <b>CLINIC - \$25.00 (Must have an active licer</b> <b>Former Location of Operator Establishment, E</b> Former Facility name:	blishment, enterprise, or clinic. ATOR ESTABLISHMENT, ENTERPRISE OR ase).		

### This form must be signed in the presence of a Notary Public.

Print name(s) of Facility Owner(s)		
Signatures of Facility Owners	Γ	Date
	and	?
being duly sworn, says that he/she is/are the person statements therein contained are true in every respo	•••	tion and that the
Subscribed and sworn to before me this Witness my hand and seal hereunto attached.	day of	20

Signature of Notary Public/ My Commission Expires