

BODY ART FACILITY PERMIT APPLICATION

This permit is for tattoo, branding, piercing, permanent cosmetics as defined in the Safe Body Art Act, found in the Health and Safety Code, Chapter 7, commencing with Section 119300. A copy of the Infection Protection and Control Plan must accompany this application, failure to do so will result in a denial of a permit.

Please make sure the writing is as clear as possible. An illegible application will result in a delay or denial of a permit.

TYPE OF BODY ART FACILITY (CHECK ALL THAT APPLY):

BODY ART FACILITY INFORMATION

Facility Name :		
Facility Address :		
City :	State :	Zip :
Phone :	Alt. Phone Number :	
Email/ Fax :		
Sharps Disposal Company :		
OWNER INFORMATION		
Owner Name :		
Phone :	Fax :	
Mailing Address :	E-mail :	
City :	State :	Zip :
Billing Address :		
City :	State :	Zip :

As the body art facility owner I am aware that I am responsible for the actions of all practitioners that perform body art at my facility. I am responsible for making sure that all practitioners are registered with the County prior to their conducting procedures in my facility. I understand that it is my responsibility to keep my records with the County current. I understand that failure to follow the regulations in the Safe Body Art Act and the County guidelines could result in the suspension and/or revocation of my Body Art Facility Permit and/or future legal action.

Owner's Signature :	Date :
For Official Use	
PAID \$	CASH / CHECK / CREDIT CARD / ATM
DATE PAID	RECEIPT #
APPROVAL #	RECEIVED BY