



NEW BODY ART FACILITY APPLICATION

Acceptable forms of payment: cash (only at the counter), VISA, MASTERCARD, or check made payable to County Environmental Health Services

TYPE OF SERVICE: (PLEASE SELECT ALL APPROPRIATE BOXES)

TATTOO BODY PIERCING PERMANENT COSMETICS BRANDING

APPLICANT INFORMATION:

FULL LEGAL NAME (Sole Owner, Partnership, Corporation, etc.) _____

CONTACT PHONE #: _____

CELL PHONE #: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY/ CONTACT PHONE #: _____

ESTABLISHMENT LOCATION:

ESTABLISHMENT NAME: _____

BUSINESS PHONE NUMBER: _____

STREET ADDRESS: _____

CITY: _____

ZIP: _____

ESTABLISHMENT EMAIL ADDRESS: _____

ESTABLISHMENT WEB ADDRESS: _____

LIST OF PRACTITIONERS (if only one list yourself, may use multiple pages)

Local and State Law requires that each practitioner have a current Body Art Practitioner Registration in the jurisdiction

NAME: _____ PR # (if applicable): _____

NAME: _____ PR # (if applicable): _____

NAME: _____ PR # (if applicable): _____

NAME: _____ PR # (if applicable): _____

I hereby certify that all statements made in this application and information in the attached documents (*Check List Section A*) are true and correct. I authorize the investigation of all matters contained in this application. I agree to operate this establishment in accordance with all applicable state and local regulations regarding Body Art Procedures and agree to provide resources for all practitioners within this establishment to maintain annual training in Blood Borne Pathogen Exposure Control and the establishment's Infection Prevention and Control Plan, pursuant to California Health and Safety Code (H&S) 1193100 et seq.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY

COMPLIANT/APPROVED APPLICATION PACKAGE NOT COMPLIANT WITH H & S Code.

Inspector Signature: _____ Date _____