

Application for Body Art Facility Permit

Every owner/operator of a body art facility is required to possess a valid permit before operating.
(Chapter 7 of Part 15 of Division 104, Section 119312 of the California Health and Safety Code)

A. Body Art Facility					
Body art facility is a specified building, section of a building or vehicle in which a practitioner performs body art. Body art facility does not include a facility that only pierces the ear with a disposable, single use, pre-sterilized clasp and stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear. It is the responsibility of the applicant to become aware of and meet all applicable standards, requirements, fees, and applications required on the local, state and/or federal levels.					
Indicate services provided at body art facility:					
<input type="checkbox"/> Tattooing <input type="checkbox"/> Body piercing <input type="checkbox"/> Branding <input type="checkbox"/> Permanent cosmetics					
Indicate the premises of the body art facility:					
<input type="checkbox"/> Permanent building <input type="checkbox"/> Mobile vehicle					
B. Purpose of Application (check one & give date)					
<input type="checkbox"/> New _____ opening date <input type="checkbox"/> Ownership change _____ effective date <input type="checkbox"/> Information change _____ effective date					
C. Location, Ownership, & Mailing Information (print legibly)					
Site of Operation	Was this facility a previously operated body art facility? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Name of previous operated body art facility:				
	Name of proposed body art facility:				
	Body art facility physical address / if mobile unit, provide parking address:				
	Nearest community / city and zip code:				
	Body art facility phone number: _____ Emergency contact phone number: _____ FAX number: _____				
Property Ownership	Does the body art facility owner also own the real property (building or structure) on or in which the facility is located?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If you do not own the property, a copy of the lease or other document authorizing your operation on the premises is required to be provided with this application.				
Body Art Business Ownership	Type of legal owner entity:				
	<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership (list partners below) <input type="checkbox"/> Corporation <input type="checkbox"/> Other (describe):				
	Sole proprietor or corporate name:		Contact number		
	Residential address:		Email address:		
	Business partner name (A):		Contact number		
	Residential address:		Email address:		
	Business partner name (B):		Contact number		
	Residential address:		Email address:		
	Other entity contact person & title:		Contact number		
Residential address:		Email address:			
Permit Renewals, Billing & Correspondence	Telephone contact person for billing information:				
	Name		Title	Phone number	
	Mailing address for billing:		City	State	Hours available
					Zip Code

D. Sanitary Services

Is the establishment located within an incorporated city, service district (e.g. sanitary district for water and/or sewer, trash collection), etc.? Yes No

Sanitary services provided by the city or service district (check all that apply):
 Pressurized potable water Community sewer Trash hauling None of these

Describe these service not otherwise provided by the city of service district. How they will be provided if they are not provided by a city or service district:

Potable water service

Potable water service

Trash hauling service

_____ Name of firm _____ Address _____ Phone

Sharps waste collection/disposal

_____ Name of firm _____ Address _____ Phone

E. Infection Prevention Control Plan

Ongoing operation Seasonal operation (give range of dates)

Other (describe)

Check days open for business and provide business hours:

Days	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Hours							

F. Body Art Practitioners

Body art practitioners are individuals who perform body art procedures on a client. Note that all practitioners are required to obtain a registration certificate from the Imperial County Public Health Department before practicing body art.

Please indicate the approximate number of body art practitioners working at this facility: _____

G. Certification & Agreement

I hereby certify under penalty of prejury that the information supplied on this application is true and correct.

- I understand that the permit issued subsequent to this application shall become void and the fee forfeited upon falsification of the application.
- I am aware that, should a permit be granted, I will be responsible to know and observe all requirements that are currently in force or may hereafter be put in force pertaining to the above named body art facility.
- I recognize that if my operation fails to meet applicable sanitation laws, regulations, and/or ordinances the Imperial County Public Health Department may suspend or revoke the permit and require closure of the body art facility.
- I understand that the issuance of a permit by the Imperial County Public Health Department does not imply allowance to operate without meeting the requirements of any other department or agency having jurisdiction.
- I hereby consent to all inspections pertaining to the issuance of a body art facility permit and the operation described in this application.
- I understand that the Imperial County Public Health Department must be notified of all proposed changes in operation and all proposed remodeling or construction at least 30 days prior to making the changes or starting the work.
- I am aware that the permit issued for my facility is not transferable between locations or persons and that any future prospective buyer must apply for a new permit.

Signature of owner _____ Date: _____

Signature of authorized agent _____ Date: _____

Signature of authorized agent _____ Title: _____

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Office Use Only

Approved date:	Approved by:	Program #	Notes/comments
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