

### Body Art Facility Permit Application

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:  
 Tattooing     Body piercing     Branding     Permanent cosmetics

Indicate the premises of the body art facility:  
 Permanent building     Mobile vehicle

**B. Purpose of Application** (check one & give date)

New \_\_\_\_\_ opening date     Ownership change \_\_\_\_\_ effective date     Information change \_\_\_\_\_ effective date

**C. Location, Ownership, & Mailing Information** (print legibly)

<b>Site of Operation</b>	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: _____

<b>Body Art Business Ownership</b>	Type of legal owner entity: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership (list partners below) <input type="checkbox"/> Corporation    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: _____	

<b>Permit Renewals, Billing &amp; Correspondence</b>	Telephone contact person for billing information: _____			
	Name	Title	Phone number	Hours available
	Mailing address for billing: _____	City	State	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 services not otherwise provided by the city or service district. How will the services be provided if they are not provided by a city or service district:

Potable water:  
  
 On site sewer:

Trash hauling service:

Name of firm	Address	Phone
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Sharps waste collection/disposal

Name of firm	Address	Phone
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**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		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