

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	

