



BODY ART FACILITY HEALTH PERMIT APPLICATION

1. REQUIRED PERMIT (If you are both a practitioner and facility owner you are required to apply for both a practitioner registration and a facility health permit)

Body Art Facility Annual Health Permit

2. TYPES OF SERVICES PROVIDED (Check all that apply)

Tattooing Body Piercing Permanent Cosmetics Branding

3. BODY ART FACILITY INFORMATION

OWNER INFORMATION			
NAME		PHONE	
HOME ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS			
FACILITY INFORMATION			
BUSINESS NAME		PHONE	
BUSINESS LOCATION ADDRESS	CITY	STATE	ZIP
BUSINESS MAILING ADDRESS	CITY	STATE	ZIP
DAYS & HOURS OF OPERATION			

4. BODY ART FACILITY ATTACHMENTS (The following attachments are required to submitted with this application)

1. Infection Prevention Control Plan (refer to the Safe Body Art Act Section 119313 for more information) (Sample plan is available upon request)
2. Attach a List of the Body Art Practitioners and Apprentices that practice Body Art in your facility (List form is available upon request)

I understand that the **Body Art Facility Health Permit is not transferable and is site specific. I hereby certify that to the best of my knowledge and the statements made herein are true and correct.**

Signature: _____

Date: _____

Print: _____

Title: _____

FOR OFFICE USE ONLY	
Program (PE): _____	Fees: _____ (CASH / CHECK) Check No. _____ Payment Date: _____
Receipt No: _____	Received by: _____ REHS Approval: _____
Owner ID: _____	Facility ID: _____ Envision Entry By: _____ Envision Entry Date: _____