



**BODY ART FACILITY PERMIT AND PRACTITIONER REGISTRATION**

**I. REQUIRED REGISTRATION** Check all that apply.

Body Art Practitioner Registration       Body Art Facility Permit

**BODY ART FACILITY OWNER** to fill out

**II. FACILITY LOCATION:**

Business Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Owner/ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the owner a Body Art Practitioner? Yes \_\_\_ No \_\_\_ If yes, please also complete the Body Art Practitioner section below.

Please list all Body Art Practitioners who will operate in this facility. Provide a separate sheet if there is not enough room.  
 (Each Body Art Practitioner shall register with EHS by completing a separate registration.)

\_\_\_\_\_  
 \_\_\_\_\_

**BODY ART PRACTITIONER** to fill out

Date of Birth: \_\_\_\_\_ Gender: **F** or **M** (circle one)  
 Identification Type:  Drivers License     Other    Identification No: \_\_\_\_\_

**Facility where Body Art Services Will be Provided:**

Facility Name: \_\_\_\_\_ Practitioner: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Submit copy of Bloodborne Pathogens Exposure Control Training certificate and provide:**

Date Completed: \_\_\_\_\_ Training Provided by: \_\_\_\_\_

**Hepatitis B Vaccination Status: Choose One and Submit Documentation.**

Certification of Completed Vaccination       Contraindicated for Medical Reasons  
 Laboratory Evidence of Immunity       Vaccination Declination

Both **FACILITY OWNER** and **PRACTITIONER** to fill out

**III. PROCEDURES TO BE PERFORMED AT THIS FACILITY (and/or by Body Art Practitioner):**

Tattooing       Body Piercing  
 Branding       Permanent Cosmetics

**IV. APPLICANT MAILING INFORMATION:** (This will be used for annual renewal and required correspondence.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

The undersigned hereby applies for a Body Art Facility Permit and/or Practitioner Registration and agrees to operate in accordance with all applicable state and local requirements governing safe body art practices.

**I hereby certify that to the best of my knowledge and belief the statements made herein are true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

## **BODY ART FACILITY PERMIT AND PRACTITIONER REGISTRATION**

The Body Art regulations are in the California Health & Safety Code, Sections 119300 - 119327.

### **I. REQUIRED REGISTRATION and/or PERMIT (§ 119306, § 119312)**

Applications for registration, facility permit, or notification must include payment of appropriate fees.

Please check the appropriate boxes and remit the required fees with your application.

**ANNUAL BODY ART PRACTITIONER REGISTRATION** — Required for all individuals providing body art services.

**ANNUAL BODY ART FACILITY PERMIT** — Required for businesses where tattoo, body piercing, branding, and/or permanent cosmetic services are performed.

### **II. FACILITY LOCATION (§ 119306, § 119312)**

All applicants must provide the business name, location address, and contact information in which body art procedures are to be performed. If a business has multiple locations, each site must be identified and permitted. A separate application form should be used to register multiple facility sites for a single business owner.

### **III. PROCEDURES TO BE PERFORMED (§ 119300)**

Body Art Practitioner applicants should identify each service that will be provided. Body Art Facility owner applicants should identify all the services that will be provided within the facility.

**TATTOOING** — means the insertion of pigment in human skin by piercing with a needle.

**BODY PIERCING** — means the creation of an opening in a human body for the purpose of inserting jewelry or other decoration. "Body piercing" includes, but is not limited to, the piercing of an ear, including the tragus, lip, tongue, nose, or eyebrow. "Body piercing" does not include the piercing of an ear, except for the tragus, with a disposable, single-use, presterilized clasp and stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear.

**PERMANENT COSMETICS** — means the application of pigments in human skin tissue for the purpose of permanently changing the color or appearance of the skin. This includes, but is not limited to, permanent eyeliner, eyebrow, or lip color.

**BRANDING** — means the process in which a mark or marks are burned into human skin tissue with a hot iron or other instrument, with the intention of leaving a permanent scar.

### **IV. APPLICANT INFORMATION (§ 119306, § 119312)**

All applicants must provide full name, mailing address, and contact information. All body art practitioners must submit the following documentation: Hepatitis B vaccination status, proof of Bloodborne Pathogens Exposure Control Training.

Applicants must also identify the facility where they plan to provide body art services.

### **ADMINISTRATIVE POLICY:**

Any person who conducts business without a valid permit is guilty of a misdemeanor and is subject to fine and/or closure. Invoicing for renewal of health permits will be mailed prior to expiration date of the permit. Late payment penalties are subject to 20% per month.

**It is the responsibility of the owner and all practitioners to notify Environmental Health Services of any changes to their permit/registration by submitting an updated registration.**

### **ANNUAL PERMIT FEES** (subject to change):

A technology fee surcharge will be assessed on each permit separately from the permit fee in order to offset County costs associated with the permit tracking system.

The permit categories for this program include the following. The fee for each category will vary. Contact EHS for the current fee.

**Facility**

**Practitioner**

**Practitioner/Owner**

Revised 5/17