

## **BODY ART PROGRAM**

### **NEW FACILITY AND NEW PRACTITIONER APPLICATION PACKET**

#### **PERMITTING REQUIREMENT**

Any individual who wishes to operate a body art facility or perform tattoos, permanent make-up, body piercing, branding or other body art procedures allowed in the California Safe Body Art Act (The Act) in the County of Marin is required to register and maintain a body art permit with the County of Marin Environmental Health Services. This packet describes the process to apply for a permit for new facilities and new practitioners.

#### **BODY ART FACILITIES vs. PRACTITIONERS**

Body art can only be performed in approved and permitted body art facility. If you are the sole owner and practitioner, the space where you are performing will need to be permitted as a body art facility AND you must register as the practitioner/owner. Body art facilities can have multiple practitioners all of whom need to maintain a practitioner permit including apprentices. All new body art facilities will need to submit a site plan for review as part of the application process, even if the space has been previously permitted as a body art facility. Any site that has not been used prior for body art will need to go through a full plan review and will be charged the full plan review fee. Sites which have been previous permitted as a body art facility, and have not been extensively remodeled, will receive an expedited plan review with a fee for 2 hours of staff time.

Any individual who performs body art at a facility will need to register as a practitioner including staff in training or apprentices. Guest artists must meet the requirements of section 119306(e) criteria to work in body art facilities in the County. **Practitioner permits will not be issued without a designated facility.**

All permits are not transferable and are address specific. Change of ownerships or change of address will require new applications and fees may be applicable.

#### **APPLICATION PROCESS**

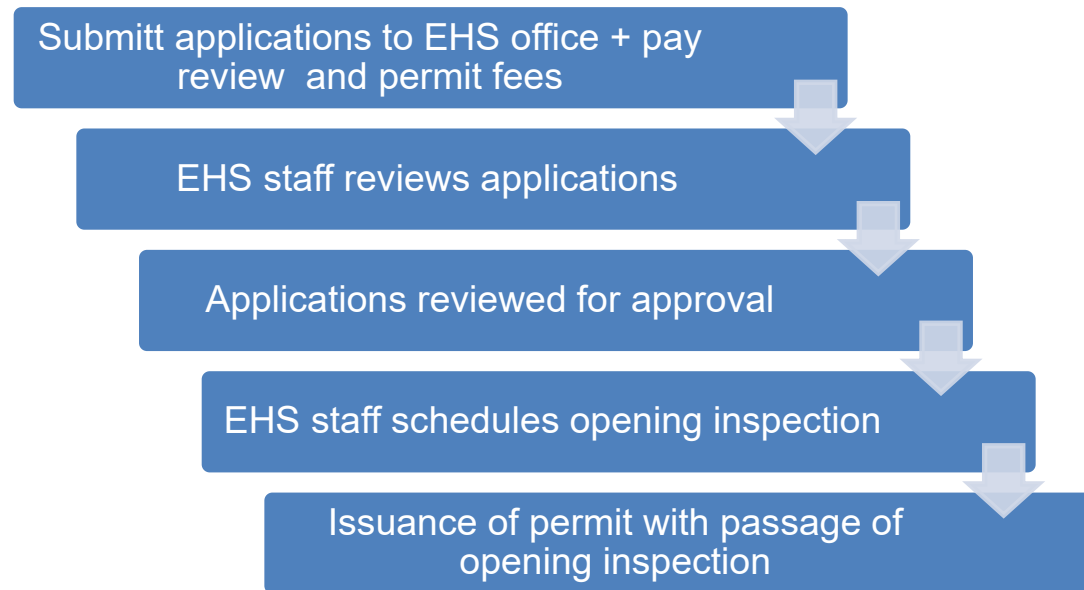
Application review usually takes 7-10 business days. Applications can be submitted online at [marinehs@marincounty.org](mailto:marinehs@marincounty.org) or in-person at the Environmental Health Services (EHS) office:

3501 Civic Center, ste 236  
San Rafael CA 94903  
(415) 473-6907

#### **Hours of Operation:**

Monday – Thursday: 8:00 am to 4:00 pm (last payment processed by 3:30 pm)  
Friday: 8:00 am to 12:00 pm (last payments processed by 11:45 am)

## APPLICATION PROCESS FLOW CHART



## FEE SCHEDULE

Fees are reviewed annually so please refer to the County, Environmental Health Services, Body Art Program webpage for the most current fee schedule. All plan review fees are a one-time fee. Practitioner and facility fees are annual fees.

<https://www.marincounty.org/depts/cd/divisions/environmental-health-services/body-art>

## APPLICATION DOCUMENTS & FEES

### I. New Facility or Business Checklist

- Submission of Body Art Facility application
- Submission of General Environmental Health Services application
- Copy of Infection Prevention and Control Plan (IPCP)

This document must be written to reflect the specific procedures of this business. A template is provided but you can also use your own provided it meets all the requirements listed in section 119313(b) of the Act.

- Copy of sharps disposal contract with approved medical waste hauler or mailback disposal company
- Copy of business license

## II. New Practitioner Checklist

- Submission of Body Art Practitioner application
- Proof of age (must be at least 18 years of age). Must be a USA Government issued ID.
- Proof of Hepatitis B vaccination or signed declination form or laboratory proof of immunity (A blank declination form is attached)
- Copy of current Bloodborne Pathogen Training  
Must meet the training requirements in Section 119307(c) of the Act and must not be less than 2 hours of instruction.
- Manufacturer product description of all equipment to be used (i.e. single-use items, inks, tattoo machines or pens, jewelry, etc.)
- Written proof on company or laboratory letterhead stating pre-sterilized instruments have undergone sterilization process such as disposable grips, needle bars, microbladed, etc. (You will need to submit this information for each pre-sterilized item if they are from different manufacturers. Many manufacturers post this information on their websites.)
- Copies of all forms:
  - Copy of Informed Consent Form  
Must include all wording listed in Section 119303(a)(1-5) of the Act
  - Copy of After-care/Post-care Instructions  
Must include all wording listed in Section 119303(a)(5) of the Act
  - Copy of pre-procedure Medical Questionnaire  
Must include all wording listened in Section 119303(b) of the Act

### **For practitioner ONLY applications**

- Mark this box if you are using the same forms as the body art facility. You will not need to submit copies of all the forms listed in the previous section.

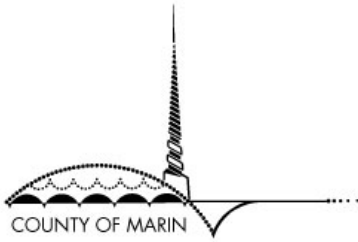
## III. Plan Review Checklist

- To scale drawing or sketch of business which includes (must be submitted on not less than 11" x 18" paper):
  - General layout of the business
  - Location and general layout of the body art procedure area(s)
  - Location of restroom(s)
  - Location of sink(s)

- Location of sharp container(s) and size of container(s)
- Location of furniture used during procedures (i.e. reclining chairs) and material of manufacture
- Description of materials used on walls, floors & ceiling (i.e. sealed cement, latex paint, etc.)

**IV. Sterilization Room (only for sites with on-site sterilization)**

- Location of sterilization room including:
  - Location of sink(s)
  - Storage area(s)
  - Description of materials used on floors, walls and ceilings
  - Location and intensity of lighting
  - Location of autoclave or other sterilization/cleaning equipment
- Manufacturer product information for all sterilization and cleaning equipment (i.e. ultrasonic cleaners, autoclaves, etc.)
- Name of laboratory to be used for monthly biological testing
- Manufacturer product information of Class V instigator to be used for load monitoring



## BODY ART FACILITY PERMIT AND PRACTITIONER APPLICATION

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### I. BODY ART FACILITY APPLICATION

#### A. Business Information

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Services to be performed (check all that apply):

Tattooing     Piercing     Branding     Permanent Cosmetics/Microblading

Other (please describe): \_\_\_\_\_

#### B. Facility Owner Information

Owner Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

### II. BODY ART PRACTITIONER APPLICATION

If applying for a new practitioner license **only**, you will still need to complete Section 1A. Practitioner applications will not be approved without a listed approved body art facility.

Practitioner Name \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Services to be performed (check all that apply):

Tattooing     Piercing     Branding     Permanent Cosmetics/microblading

Other (please describe): \_\_\_\_\_

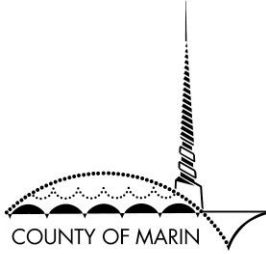
The undersigned hereby applies for a Body Art Facility Permit and/or Practitioner Permit and agrees to operate in accordance with all applicable state and local requirements governing safe body art practices.

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

Applicant Signature \_\_\_\_\_

Applicant Printed Name \_\_\_\_\_

Date \_\_\_\_\_



COMMUNITY DEVELOPMENT AGENCY  
**ENVIRONMENTAL HEALTH SERVICES DIVISION**

**HEALTH PERMIT LICENSE APPLICATION**

<p><b>PERMIT TYPE (CHECK ONE):</b></p> <p><input type="checkbox"/> RESTAURANT # OF SEATS: _____</p> <p><input type="checkbox"/> MARKET OR BAKERY SQUARE FOOTAGE: _____</p> <p><input type="checkbox"/> CATERER</p> <p><input type="checkbox"/> TEMPORARY FOOD FACILITY</p> <p><input type="checkbox"/> MOBILE FOOD FACILITY</p> <p><input type="checkbox"/> FARMERS MARKET VENDOR</p> <p><input type="checkbox"/> COTTAGE FOOD OPERATOR</p> <p><input type="checkbox"/> OTHER FOOD (DESCRIBE) _____</p> <p><input type="checkbox"/> PUBLIC POOL # OF POOLS: _____ # OF SPAS: _____</p> <p><input type="checkbox"/> BODY ARTS</p> <p><input type="checkbox"/> MEDICAL WASTE</p> <p><input type="checkbox"/> HOUSING* # OF UNITS: _____ APN # _____</p> <p><small>*APARTMENTS WITH 16 UNITS OR MORE OR HOTELS WITH 12 OR MORE GUEST ROOMS REQUIRE AN ON-SITE MANAGER NAME, ADDRESS, AND TELEPHONE:</small></p>	<p><b>IF REQUESTING A CHANGE, CHECK ALL THAT APPLY:</b></p> <p><input type="checkbox"/> BUSINESS NAME</p> <p><input type="checkbox"/> BUSINESS CONTACT CHANGE</p> <p><input type="checkbox"/> BUSINESS LOCATION CHANGE</p> <p><input type="checkbox"/> BUSINESS MAILING ADDRESS</p> <p><input type="checkbox"/> LEGAL OWNER CONTACT INFORMATION</p> <p><input type="checkbox"/> LEGAL OWNER MAILING ADDRESS</p> <p><input type="checkbox"/> OTHER: _____</p>
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ON-SITE MANAGER NAME \_\_\_\_\_ ADDRESS (INCLUDE APT OR UNIT #) \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**FACILITY INFORMATION**

<b>BUSINESS NAME (DBA)</b>	<b>HOURS of OPERATION</b>
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**BUSINESS ADDRESS**

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**BUSINESS TELEPHONE:** \_\_\_\_\_ ALTERNATE TELEPHONE NUMBER: \_\_\_\_\_

**BILLING ADDRESS (TO BE USED FOR SENDING INVOICES AND ALL CORRESPONDENCE)**  
 IF YOU WOULD LIKE TO USE THE BUSINESS STREET ADDRESS ABOVE, CHECK THIS BOX:

ADDRESSEE NAME <small>(IF DIFFERENT THAN BUSINESS NAME):</small>	_____
BILLING TELEPHONE NUMBER	_____

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**LEGAL OWNERSHIP**      **SELECT ONE:**     SOLE PROPRIATORSHIP     PARTNERSHIP     INCORPORATED

**NAME**

\_\_\_\_\_

**MAILING ADDRESS**

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**TELEPHONE AND EMAIL:**

TELEPHONE NUMBER: \_\_\_\_\_ FAX TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I HEREBY CERTIFY THAT I AM THE OWNER OR AUTHORIZED REPRESENTATIVE OF THE PREMISES FOR WHICH A PERMIT IS APPLIED, AND THAT SAID PREMISES WILL COMPLY WITH ALL LAWS AND ORDINANCE IN EFFECT OR HEREAFTER ENACTED.

**SIGNATURE OF OWNER, PARTNER, CORPORATION OFFICER, OR AGENT**    PRINT NAME AFTER SIGNATURE \_\_\_\_\_    **DATE** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	FEE	CHECK OR CC AUTH #	RECEIPT #	RECEIVED BY:
LICENSE NUMBER		ACCOUNT NUMBER		

Revised November 2014

Environmental Health Services · 3501 Civic Center Drive, Room 236 · San Rafael, CA 94903 · 415 473 6907 T · 415 473 4120 F · 415 473 2255 TTY · marincounty.org/ehs  
 All County publications are available in alternative formats (Braille, Large Print, or CD), upon request. Requests for accommodations may be made by calling (415) 473-4381 (Voice) 473-3232 (TDD/TTY) or by e-mail at [disabilityaccess@marincounty.org](mailto:disabilityaccess@marincounty.org). Copies of documents are available in alternative formats, upon request.

**GENERAL INFORMATION:** Any person who conducts business without a valid permit is guilty of a misdemeanor and is subject to fine and/or imprisonment. Any application to construct or remodel a food establishment or public swimming pool must be accompanied by plans and specifications. Delinquent Health Permits are subject to a 20% per month penalty.

**Facility Name (PRINT)** \_\_\_\_\_

**Practitioner Name (PRINT)** \_\_\_\_\_

**Hepatitis B virus (HBV) Declination Statement**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

**OSHA's Bloodborne Pathogens Standard (29CFR 1910.1030 App A)**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_