



# DEPARTMENT OF ENVIRONMENTAL HEALTH

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Tia Branton, REHS  
Director

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Health Officer

## APPLICATION FOR PERMIT TO OPERATE A BODY ART FACILITY

### I. FACILITY LOCATION

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### II. OWNER INFORMATION

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### III. PROCEDURES TO BE PREFORMED

- Tattooing       Body Piercing       Mechanical Stud and Clasp Ear Piercing  
 Branding       Permanent Cosmetics

Method of Sharps Disposal: \_\_\_\_\_

Method of Sterilization: \_\_\_\_\_

#### LIST OF BODY ART PRACTITIONERS AT THIS FACILITY

Owner of a body art facility shall notify TCEHD in writing within 30 days of the resignation, termination, or new hire of a body art practitioner at the permitted body art facility. All practitioners shall possess a valid registration card issued by TCEHD. **TCEHD may suspend or revoke the permit of a body art facility if a person who does not possess a valid practitioner registration is allowed to perform body art.**

FIRST AND LAST NAME:

REGISTRATION NUMBER:

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

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

I hereby certify that all statements made in the application are true and correct. I authorize investigation of all matters contained in this application. I understand that any misstatement or omission of material fact on this application will cause forfeiture on my part of owning a Body Art Facility within the county boundary. **I agree to operate in accordance with all applicable state and local regulations regarding the Safe Body Art Act.**

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_  
Amount Received: \_\_\_\_\_  
By: \_\_\_\_\_

Annual Renewal: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
New: \_\_\_\_\_ Date: \_\_\_\_\_  
Approved By: \_\_\_\_\_  
Approved Date: \_\_\_\_\_