



Division of Environmental Health

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APPLICATION FOR PERMIT TO OPERATE A BODY ART FACILITY

New Facility Update Change of Ownership Effective: _____

PROCEDURES TO BE PERFORMED (Check all that apply)

Tattooing Branding Body Piercing Permanent Cosmetics

FACILITY INFORMATION

Name of Facility:	
Previous Facility Name:	
Site Address: Street	City & Zip
Mailing Address: Street	City & Zip
Jurisdiction: <input type="checkbox"/> Within City Limits – City:	<input type="checkbox"/> Unincorporated Area
E-mail Address:	Business Phone:
Water Supply (please select one): <input type="checkbox"/> Individual <input type="checkbox"/> Public – List Name of Supplier:	

BUSINESS OWNER PERMIT TO BE ISSUED TO*

IF THE BUSINESS/PERMIT HOLDER IS A CORPORATION, PLEASE ATTACH A COPY OF ARTICLES OF CORPORATION

Permit Holder Name:	Phone Number:
Co-Owner Name (if applicable):	
Permit Mailing Address: Street	City & Zip

* Entity that is legally responsible for the operation of the body art facility.

ACCOUNT INFORMATION

Billing Contact Name:	
Billing Mailing Address: Street	City & Zip
Phone Number:	Fax Number:
E-mail Address:	

The undersigned hereby applies for a Body Art Facility Permit and agrees to operate in accordance with all applicable state and local requirements governing safe body art practices, including the California Health and Safety Code sections 19300 through 19328.

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

Applicant Signature:	Date:
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If paid by Credit Card: Date and amount paid

Confirmation #:

* FOR OFFICE USE ONLY *		O.P confirmed by:
Permit fee (PE 3502) <input type="checkbox"/> Cash \$ <input type="checkbox"/> Check #:.....	Receipt number	Anniversary/Billing Date: OA Initials and date entered:
Invoice number	Link to SR number	FA#
Approving REHS/EHS Signature:		Signature Date:
Senior REHS Signature:		Signature Date: