



Environmental Health 625 5<sup>th</sup> Street ❖ Santa Rosa, CA 95404 ❖ 707-565-6565 ❖ Fax 707-565-6525

<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

### Body Art Facility Permit Application

Pursuant to California Health and Safety Code, Chapter 7, commencing with Section 119300 a body art facility shall not conduct business without a valid health permit.

Facility Name \_\_\_\_\_ Phone \_\_\_\_\_

Owner(s) Name (s) \_\_\_\_\_

Facility Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Amount rec'd \$ \_\_\_\_\_

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

#### Mailing address (if different than above)

Street/PO Box \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

#### Services provided in this facility (check all that apply):

- Tattoo
- Body Piercing
- Permanent Cosmetics
- Branding
- Temporary Event

List all practitioners who operate in your facility. (Use back of form for more space, if necessary. Each practitioner must complete a Practitioner Registration Form and submit to this office.)

| Practitioner Name (Use back of page if needed) | Mailing Address |
|--|-----------------|
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|  |                 |

The following items may be required to complete the application process:

1. A Copy of the facility's Infection Prevention Control Plan as required by the California Health and Safety Code, Section 119313, is required if you are applying for a permit for the first time.
2. Plans must be submitted for new construction or remodel of the facility.

I declare, that to the best of my knowledge, the information I have provided is true and accurate. I also agree to conform to all conditions, orders, directions issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. I hereby consent to inspections of this facility by Sonoma County Department of Health Services. **I also agree to notify this office within 30 days of any changes in the above information. The permit shall be posted in a conspicuous place within the facility.**

Owner Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

#### For office use only:

PE \_\_\_\_\_ PR# \_\_\_\_\_ Issue permit \_\_\_\_\_ Requested by \_\_\_\_\_

Comments \_\_\_\_\_

[ ] Cash [ ] Check [ ] Credit Card Trans # \_\_\_\_\_ Date rec'd \_\_\_\_\_ By \_\_\_\_\_

Additional Plan Review Hrs. Due \_\_\_\_\_ Hrs. at \$ \_\_\_\_\_ Total Plan Review Fees Due \$ \_\_\_\_\_

Permit Fee Due \$ \_\_\_\_\_

Total Fee Due \$ \_\_\_\_\_