



BODY ART FACILITY PERMIT APPLICATION FORM

<p>TYPE OF SERVICE:</p> <p><input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS <input type="checkbox"/> BRANDING</p> <p>ONSITE TREATMENT? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>TYPE OF APPLICATION:</p> <p><input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL</p>
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FACILITY INFORMATION:

FACILITY NAME _____

FACILITY ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS: _____

BUSINESS PHONE NUMBER _____ HOME/CELL PHONE NUMBER _____

REQUIRED DOCUMENTS FOR FACILITY PERMIT:

Facility Infection Prevention and Control Plan

Plan Check Completed

Body Art Practitioner Registration

Permit Fee

LIST OF BODY ART PRACTITIONERS WORKING AT THIS LOCATION: The facility owner must keep an updated list of practitioners and notify this Department of status changes within 30 days. NOTE: Complete Body Art Practitioner Notice of Separation Form if practitioner(s) stop(s) working at this facility.

PRACTITIONERS NAME	PR#	PRACTITIONERS NAME	PR#

I hereby certify that all statements made in the application and information in the attached documentation are true and correct. I agree to operate in accordance with all applicable state and local regulations pertaining to the California Health and Safety Code Sections 119300 through 119328. I agree to maintain a current Infection Prevention and Control Plan.

SIGNATURE _____ DATE _____

Signature on this form indicates agreement to comply with all applicable statutes. Fee is in accordance to Title 6 of the Alameda County Ordinance Code.

FOR OFFICIAL USE ONLY			
FA# _____	PR# _____	<input type="checkbox"/> APPROVED	INSPECTOR'S NAME: _____
AMOUNT PAID: _____	DATE PAID: _____	<input type="checkbox"/> NOT APPROVED	DATE: _____