



BODY ART FACILITY PERMIT APPLICATION FORM

(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.)

TYPE OF SERVICE:

☐ TATTOO ☐ BODY PIERCING ☐ PERMANENT COSMETICS ☐ BRANDING
ONSITE STEAM STERILIZATION? YES ☐ NO ☐

TYPE OF APPLICATION:

☐ NEW ☐ RENEWAL

FACILITY INFORMATION:

FACILITY NAME _____
FACILITY ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
BUSINESS OWNER NAME _____
BUSINESS OWNER 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(s) ☐ Consent Form / Medical Questionnaire
☐ Permit Fee ☐ Post Procedure Instructions

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.

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. I agree to maintain a current Infection Prevention and Control Plan.

SIGNATURE _____ DATE _____

PRINT NAME / TITLE _____

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# _____

AMOUNT PAID: _____ DATE PAID _____

ENVIRONMENTAL HEALTH SPECIALIST: _____

☐ APPROVED ☐ NOT APPROVED DATE: _____