Environmental Management Department
Jennea Monasterio, Director

BODY ART FACILITY APPLICATION FOR PERMIT TO OPERATE
OWNER/PRACTITIONER REGISTRATION

TYPE OF SERVICE: ☐ TATTOO ☐ BODY PIERCING ☐ PERMANENT COSMETICS ☐ BRANDING

TYPE OF PERMIT:	FEE	PE		FEE	PE
☐ BODY ART FACILITY PERMIT	$389.00	4573	☐ PRACTITIONER REGISTRATION	$192.00	4572
☐ PRACTITIONER REGISTRATION (OWNER/MGR)	$98.00	4571			

FACILITY

Name of facility (Please Print) _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Are you a facility owner and practitioner? ☐ YES ☐ NO Are you registered as a practitioner in Sacramento County? ☐ YES ☐ NO

REQUIRED DOCUMENTATION FOR FACILITY PERMIT: ☐ Infection Prevention and Control Plan

OWNER/PRACTITIONER

Full Legal Name (Please Print) _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

Email _____ Date of Birth (must be 18 or older) _____

Billing Address _____ City _____ State _____ Zip _____

REQUIRED REGISTRATION DOCUMENTATION:

☐ Hepatitis B Hepatitis B Vaccination / Immunity / Boosters / Declination (Please circle one) ☐ PHOTO ID ☐ YES ☐ NO

☐ BBP Training Certification **(Must be on EMD approved provider list)** Expiration Date: _____

I hereby certify that all statements made in this application are true and correct. I agree to operate in accordance with all applicable state and local regulations regarding the California Health and Safety Code Section 119300 through 119328.

Signature _____ Date _____

FACILITY OWNER SIGNATURE REQUIRED FOR ALL PRACTITIONER REGISTRATIONS

As the owner of this facility, I acknowledge that the practitioner named above has been approved to perform body art at my establishment.

Facility ID: _____ Owner Phone: _____ Email: _____

Owner Signature: _____ Print Name: _____ Date: _____

OFFICIAL USE ONLY

EMD RECEIPT#: _____ AMOUNT PAID: _____ DATE PAID: _____ NEW AR #: _____

☐ NEW FACILITY ☐ CHANGE OF OWNERSHIP ANNIVERSARY DATE (date of ownership change/opening date): _____

FACILITY ID #: _____ CT: _____ SPECIALIST: _____

PREVIOUS NAME OF FACILITY/BUSINESS: _____

PREVIOUS OWNER'S NAME: _____ OW #: _____ OLD AR #: _____

COMMENTS: _____

PROGRAM RECORD # and/or BA#: _____ ☐ APPROVED ☐ DISAPPROVED

BY _____ DATE _____

11080 White Rock Rd, Ste 200 • Rancho Cordova, California 95670 • fax (916) 875-8513
Environmental Compliance (916) 875-8550 • Environmental Health (916) 875-8440
www.saccounty.gov • emd.saccounty.gov