



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

TYPE OF SERVICE:

TATTOO BODY PIERCING PERMANENT COSMETICS BRANDING

TYPE OF PERMIT:

<input type="checkbox"/> BODY ART FACILITY PERMIT	<u>FEE</u> \$379.00	<u>PE</u> 4573	<input type="checkbox"/> PRACTITIONER REGISTRATION	<u>FEE</u> \$188.00	<u>PE</u> 4572
<input type="checkbox"/> PRACTITIONER REGISTRATION (OWNER/MGR)	<u>FEE</u> \$95.00	<u>PE</u> 4571	<input type="checkbox"/> BUSINESS RECYCLING	<u>FEE</u> NO FEE	<u>PE</u> 4CR4

FACILITY	Name of facility (Please Print) _____ Phone _____
	Address _____ City _____ State _____ Zip _____
	Email Address _____
	Are you a facility owner and practitioner? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Are you registered as a practitioner in Sacramento County? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES , provide your registration number here: PR _____
REQUIRED DOCUMENTATION FOR FACILITY PERMIT:	
<input type="checkbox"/> Infection Prevention and Control Plan	
Have there been any changes or revisions to your Infection Prevention and Control Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide documentation.	

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 :	
	<input type="checkbox"/> Hepatitis B Hepatitis B Vaccination / Immunity / Boosters / Declination (Please circle one)	
<input type="checkbox"/> 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 _____

OFFICIAL USE ONLY			
EMD RECEIPT#: _____	AMOUNT PAID: _____	DATE PAID: _____	NEW AR #: _____
<input type="checkbox"/> NEW FACILITY <input type="checkbox"/> 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 #: _____	PHOTO ID <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			
BY _____			DATE _____

W:\Data\EH-PROGRAMS & PROJECTS\BODY ART\FORMS\WORD DOCS\BODY ART FACILITY APPLICATION FOR PERMIT TO OPERATE 6.16.15.docx