Environmental Management Department
Jennea Monasterio, Director

BODY ART FACILITY APPLICATION FOR PERMIT TO OPERATE

OWNER/PRACTITIONER REGISTRATION

FY 2026-2027

TYPE OF SERVICE:

☐ TATTOO ☐ BODY PIERCING ☐ PERMANENT COSMETICS ☐ BRANDING

TYPE OF PERMIT:	FEE	PE		FEE	PE
☐ BODY ART FACILITY PERMIT	$400.00	4573	☐ PRACTITIONER REGISTRATION	$198.00	4572
☐ PRACTITIONER REGISTRATION (OWNER/MGR)	$101.00	4571	☐ BUSINESS RECYCLING	NO FEE	4CR4

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

IF YES, provide your registration number here: PR _____

REQUIRED DOCUMENTATION FOR FACILITY PERMIT:

☐ Infection Prevention and Control Plan

Have there been any changes or revisions to your Infection Prevention and Control Plan? ☐ Yes ☐ 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 :

☐ Hepatitis B Hepatitis B Vaccination / Immunity / Boosters / Declination
(Please circle one)

☐ 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 #: _____

☐ 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 #: _____ PHOTO ID ☐ YES ☐ NO

☐ APPROVED ☐ DISAPPROVED

BY _____ DATE _____