



PERMANENT BODY ART FACILITY PERMIT APPLICATION

TYPE OF SERVICE(S) PROVIDED:

TATTOO BODY PIERCING PERMANENT COSMETICS BRANDING OTHER: _____

FACILITY	Name of Facility/DBA (Please Print) _____
	Site Address _____ City _____ State ____ Zip _____
	Phone _____ Website _____
	REQUIRED WITH THIS APPLICATION:

DEH Plan Check Approval Informed Consent Form Sterilization Log Client After Care Instructions
 Infection Prevention and Control Plan Client Medical History Form Needle Disposal Log

Have there been any changes or revisions to your Infection Prevention and Control Plan? YES NO

BUSINESS OWNER	Owner Name _____ Phone _____
	Owner Address _____ City _____ State ____ Zip _____
	Owner Email _____

INVOICES AND PERMITS TO BE MAILED HERE:

ACCOUNTS RECEIVABLE ADDRESS	In Care Of (Billing Office/Person) _____
	Mailing Address _____
	City _____ State ____ Zip _____ Phone _____

PRACTITIONERS	List all practitioners expected to operate at the site. Facility owners must keep an up to date list of practitioners performing body art at the site and notify DEH of status changes within 30 days. Attach additional sheets if necessary.					
	FA#	COUNTY ISSUED	PRACTITIONER NAME	FA#	COUNTY ISSUED	PRACTITIONER NAME

The undersigned hereby certifies all information provided on this application is true and accurate and agrees to notify County of Santa Clara Department of Environmental Health (DEH) of any changes that occur, including the type of business activity, name, business location, billing address, practitioners, ownership and/or closure of the business.

The undersigned further agrees and understands that any structural alterations, including, but not limited to, equipment changes or additions requires submittal of plans and applicable fee(s) to DEH for review and issuance of approval by DEH before initiation a change.

The undersigned hereby applies for a Permit to Operate a Permanent Body Art Facility and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures needed to ensure compliance. Payment of permit fees and outstanding inspection fee balance, if any, is required to secure and maintain a valid permit. Operating without a valid permit may result in a misdemeanor citation, infractions, permit suspension/revocation proceedings, and/or closure.

Applicant Name (Please print): _____

Signature: _____ Date _____

OFFICIAL USE ONLY

NEW FACILITY UPDATE CHANGE OF OWNERSHIP (previous owner's name) _____

PREVIOUS NAME OF FACILITY/BUSINESS _____

COMMENTS _____

FACILITY ID # _____ DESIGNATED EMPLOYEE _____

APPROVED DISAPPROVED

BY _____ EMP# _____ DATE _____ SUPERVISOR _____ DATE _____