



## NEW BODY ART FACILITY MEMORANDUM

This form must be completed before a new body art facility application is considered.

Facility Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Date of Submittal: \_\_\_\_\_

Please check each box to acknowledge compliance with, or inclusion of, required documents:

Application is only for a NEW facility, correctly filled out, and legible.

A scaled schematic drawing of the facility floor plan.

Infection Prevention and Control Plan (IPCP) is submitted, meeting all requirements of AB 300.

I understand that upon the submittal of this new application packet that is received by San Mateo County Environmental Health Services (the Department), a thirty (30) calendar day consideration period for the approval of all parts of this application will begin. If all parts of the application (documents, inspections, structural requirements, etc.) are not met within the application expiration date listed, the charged fee will be retained by the Department, and I (the applicant) will be charged at the County hourly rate (listed at [smchealth.org/ehfees](http://smchealth.org/ehfees)) to complete any remaining parts of the application process, or the application will be denied.

Applicant's Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STAFF USE ONLY

Application Expiration Date: \_\_\_\_\_

EHS Staff Processor: \_\_\_\_\_ Date: \_\_\_\_\_

*Return to Body Art Program staff upon completion of this form.*