



EXISTING BODY ART FACILITY APPLICATION

Acceptable forms of payment: cash (only at the counter), VISA, MASTERCARD, or check made payable to Environmental Health Services

TYPE OF SERVICE: (PLEASE SELECT ALL APPROPRIATE BOXES)

TATTOO BODY PIERCING PERMANENT COSMETICS BRANDING

APPLICANT INFORMATION:

FULL LEGAL NAME (Sole Owner, Partnership, Corporation, etc.) _____ CONTACT PHONE #: _____ CELL PHONE #: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT PHONE NUMBER: _____

ESTABLISHMENT LOCATION:

ESTABLISHMENT NAME: _____ BUSINESS PHONE NUMBER: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

ESTABLISHMENT EMAIL ADDRESS: _____ ESTABLISHMENT WEB ADDRESS: _____

LIST OF REGISTERED PRACTITIONERS (if only one list yourself)

Local and State Law requires that each practitioner have a current Body Art Practitioner Registration PR# in the jurisdiction.

NAME: _____ PR #: _____

NAME: _____ PR #: _____

NAME: _____ PR #: _____

NAME: _____ PR #: _____

I hereby certify that all statements made in the application and information in any attached documentation are true and correct. I authorize investigation of all matters contained in this application. I agree to operate this establishment in accordance with all applicable state and local regulations regarding Body Art Procedures and agree to provide resources for all practitioners within this establishment to maintain annual training in Blood Borne Pathogen Exposure Control and the establishment's Infection Prevention and Control Plan pursuant to California Health & Safety Code 119300 et seq. and San Mateo County Ordinance 04285.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY

COMMENTS: _____

APPROVED:

DENIED: