



## 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: