

Shasta County Department of Resource Management

Environmental Health Division

1855 Placer Street, Suite 201, Redding CA 96001

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www.ehd.co.shasta.ca.us

APPLICATION FOR PERMIT TO OPERATE A BODY ART FACILITY

I. FACILITY LOCATION

Business Name: _____ Phone Number: _____

Address: _____ Fax Number: _____

City: _____ State: _____ Zip: _____

II. OWNER INFORMATION

Name: _____ Phone Number: _____

Mailing Address: _____ Email: _____

City: _____ State: _____ Zip: _____

III. PROCEDURES TO BE PREFORMED

- Tattooing, Body Piercing, Mechanical Stud and Clasp Ear Piercing, Branding, Permanent Cosmetics

Method of Sharps Disposal: _____

Method of Sterilization: _____

LIST OF BODY ART PRACTITIONERS AT THIS FACILITY

Owner of a body art facility shall notify SCEHD in writing within 30 days of the resignation, termination, or new hire of a body art practitioner at the permitted body art facility. All practitioners shall possess a valid registration card issued by SCEHD. SCEHD may suspend or revoke the permit of a body art facility if a person who does not possess a valid practitioner registration is allowed to perform body art.

FIRST AND LAST NAME:

REGISTRATION NUMBER:

I hereby certify that all statements made in the application are true and correct. I authorize investigation of all matters contained in this application. I understand that any misstatement or omission of material fact on this application will cause forfeiture on my part of owning a Body Art Facility within the county boundary. I agree to operate in accordance with all applicable state and local regulations regarding the Safe Body Art Act.

Owners Signature: _____ Date: _____

Date Received: _____
Amount Received: _____
By: _____

Annual Renewal: _____
Expiration Date: _____
New: ___ Date: _____
Approved By: _____
Approved Date: _____

REGISTRATION AND PERMITS ARE NON-TRANSFERRABLE.