



SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

GAIL NEWEL, M.D., MPH
HEALTH OFFICER

JAMES A. RYDINGSWORD

PUBLIC HEALTH SERVICES
Healthy People in Healthy Communities

BODY ART PRACTITIONER APPLICATION FOR REGISTRATION

Last Name: (Print)		First Name: (Print)		Middle Initial: (Print)
Home Address:		Home Phone Number:		
Mailing Address:		Driver's License Number:		Date of Birth:
Name of Facility:		Facility Address:		
Name of Owner:		Facility Phone Number:		
If you are applying to work in a Temporary Body Art Facility and have a valid Body Art Practitioner Permit in another county or city, please provide a copy of the wallet card you were issued. The additional requirements below, including the annual registration fee, will not be required.				

Check all services you provide/offer:

Tattooing means any method of placing ink or other pigments into or under the skin or mucosa with needles or any other instruments used to puncture the skin, resulting in the permanent coloration of the skin or mucosa. This includes all forms of cosmetic tattooing.

Body Piercing means the creation of an opening in the body of a human being for the purpose of inserting jewelry. This includes, but is not limited to piercing of an ear, tongue, nose or eyebrow.

Permanent Cosmetics means the application of pigments to or under the skin of a human being for the purpose of permanently changing the color or the appearance of the skin. This includes, but is not limited to eyebrows, permanent eyeliner, eye shadow or lip color.

Additional Requirements:

- Applicant must be eighteen (18) years or older at time of completing this application (a valid driver's license, birth certificate or other valid government issued identification showing date of birth is required).
- Applicant must provide proof of vaccination for Hepatitis B or provide a letter of declination for vaccination for Hepatitis B signed by the applicant.
- Applicant must provide proof of successful completion of a local enforcement agency (LEA) approved Bloodborne Pathogen Class.
- Applicant is required to pay an annual registration fee of \$39.00 to maintain their registration status in this county.*

Signature of Applicant: _____ **Date:** _____

*Please be aware that all Body Art Practitioners are required to complete the Body Art Practitioner Application for Registration annually. It is the Body Art Practitioner's responsibility to notify this department of any changes. A Body Art Practitioner Permit wallet card will be issued upon verification of the above required information and payment of the registration fee.

Office Use Only:	1.	
	2.	
	3.	
	4.	

PUBLIC HEALTH SERVICES
439 Fourth Street
Hollister, CA 95023
831-637-5367

MEDICAL THERAPY UNIT
761 South Street
Hollister, CA 95023
831-637-1989

ENVIRONMENTAL HEALTH SERVICES
351 Tres Pinos Road, Suite C-1
Hollister, CA 95023
831-636-4035

HEALTH EDUCATION PROGRAMS
439 Fourth Street
Hollister, CA 95023
831-637-5367