



# SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

Gail Newel, M.D., M.P.H.  
HEALTH OFFICER

JIM RYDINGSWORD  
DIRECTOR

**PUBLIC HEALTH SERVICES**

*Healthy People in Healthy Communities*

**Registration Form:  
To Engage in the Business of  
Tattooing, Body Piercing, or Permanent Cosmetics**  
(Pursuant to California Health and Safety Code, Chapter 7, Section 119303)

Name	Phone Number
Facility Name (if operating in additional facilities within this county, please list names and addresses on back)	
Facility Address	
City, State, Zip	
Billing Address	
City, State, Zip	

**Please submit \$52.00 fee with this registration form.**

**Please indicate the services that you will be providing:**

       **Tattooing** – Inserting pigment under the surface of the skin by pricking with a needle or otherwise, to permanently change the color or appearance of the skin or to produce an indelible mark or figure visible through the skin. This includes but is not limited to, eyeliner, lip color, camouflage, stencil designs and free hand designs.

       **Body Piercing** – The creation of an opening in the human body for the purpose of inserting jewelry or other decoration. This includes but not limited to, piercing of an ear, lip, tongue, nose or eyebrow. Body piercing does not, for the purpose of this definition, include piercing the leading edge or earlobe of the ear with a sterile, disposable, single-use stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear.

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

I declare that to the best of my knowledge the information that I have provided is true and accurate. I also agree to conform to all condition, orders and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. I shall also inform San Benito County Environmental Health of any changes to pertinent information.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PUBLIC HEALTH SERVICES**  
351 Tres Pinos Rd., Ste 202  
Hollister, CA 95023  
831-637-5367

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

**ENVIRONMENTAL HEALTH SERVICES**  
351 Tres Pinos Rd., Ste C-1  
Hollister, CA 95023  
831-636-4035