AGENCY 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	ng in additional facilities within this county, please l	list names and addresses on back)
Facility Address		
City, State, Zip		
Billing Address		
City, State, Zip		
Please submit \$52.0	00, Hep B vaccine proof, Blood Borno	e Pathogens Certificate and this
registration form.		
Please indicate the	services that you will be providing:	
otherwise, to perman mark or figure visibl	Inserting pigment under the surface of nently change the color or appearance of le through the skin. This includes but i designs and free hand designs.	of the skin or to produce an indelible
nserting jewelry or ongue, nose or eyeb piercing the leading	ng – The creation of an opening in the other decoration. This includes but not brow. Body piercing does not, for the pedge or earlobe of the ear with a steriled using a mechanical device to force the	t limited to, piercing of an ear, lip, purpose of this definition, include e, disposable, single-use stud or solid
peing for the purpos	Cosmetics – The application of pigmer e of permanently changing the color of nited to, permanent eyeliner, eye shadow	f other appearance of the skin. This
ccurate. I also agre California Health an	best of my knowledge the information to be to conform to all condition, orders and ad Safety Code, and all applicable Count County Environmental Health of any ch	nd directions, issued pursuant to the nty and City Ordinances. I shall also
Name	Signature	Date