



# SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

GEORGE GELLERT, MD, MPH, MPA  
HEALTH OFFICER

TRACY BELTON  
AGENCY DIRECTOR

ENVIRONMENTAL HEALTH SERVICES

Healthy People in Healthy Communities

## APPLICATION / CHANGE OF REQUEST FOR BODY ART FACILITY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initials: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

APPLICATION TYPE  New Business  Closing Business

BUSINESS TYPE  Body Art Facility

### FACILITY INFORMATION:

Facility Owner:  Same as Contact Listed Above  If Not the Same, List Owner: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Facility Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Facility Fax #: \_\_\_\_\_ If Closing Business is Selected, List Date of Closure: \_\_\_\_\_

**BODY ART FACILITY ONLY** This Application is for a  Permanent Facility or  Temporary Body Art Event

\*Temporary Events shall inform all operators without a valid Monterey County Health Permit to submit an application.

### Indicate the Services you will be Providing (Check all that apply)

Tattooing  Permanent Cosmetic  Body Piercing  Branding

### THE FOLLOWING SHALL BE SUBMITTED WITH THE APPLICATION:

- Aftercare (Post-procedure) Instructions
- Business License
- Consent Form
- Infection Prevention and Control Plan (IPCP)
- Schematic Map / Layout of Facility
- List of all Practitioners Operating at your Facility (include Name, Operator #, Phone #, E-mail).

**\*If the List of Practitioners change Facility must notify San Benito County Environmental Health and provide an updated list by end of the month that the change occurs.**

The undersigned hereby applies for a business registration. I declare under penalty of perjury that to best of my knowledge and belief, the information I have provided is true and accurate. I understand that to become and remain registered and eligible to provide Services in San Benito County, I must pay the annual registration fee established by the County under applicable law. I also agree to conform to all conditions, laws, orders & direction in accordance with all applicable state and local requirements governing Body Art Facilities.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### APPLICANT INFORMATION

Provide business name, address, and mailing information for the facility or hauler to be registered. Owner information must also be provided as well as the name, phone and title of the contact at the facility. If information changes due to new ownership, the new owner shall submit a new registration application. Businesses with multiple locations, must register each site.

**PERMIT FEES:** Please contact the Environmental Health Bureau at (831) 636-4035 for the current fee schedule.

**RETURN APPLICATION TO:** San Benito County  
351 Tres Pinos Road, Hollister, CA 95023

### BODY ART FACILITY

#### Type of Body Art (§ 119301)

Body Art Facility owner applicant shall identify all the services that will be provided within the facility.

**TATTOOING** means the insertion of pigment in human skin by piercing with a needle.

**BODY PIERCING** means the creation of an opening in a human body for the purpose of inserting jewelry or other decoration.

"Body piercing" includes, but is not limited to, the piercing of an ear, including the tragus, lip, tongue, nose, or eyebrow.

"Body piercing", does not include the piercing of an ear, except for the tragus, with a disposable, single-use, presterilized clasp and stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear.

**PERMANENT COSMETICS** means the application of pigments in human skin tissue for the purpose of permanently changing the color or appearance of the skin. This includes, but is not limited to, permanent eyeliner, eyebrow, or lip color.

**BRANDING** means the process in which a mark or marks are burned into human skin tissue with a hot iron or other instrument, with the intention of leaving a permanent scar.

PUBLIC HEALTH SERVICES  
351 Tres Pinos Road, Suite A-202  
Hollister CA 95023  
831-637-5367

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

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