

SAN BENITO COUNTY

CHERYL SCOTT, MD, MPH HEALTH OFFICER TRACEY BELTON AGENCY DIRECTOR

HEALTH & HUMAN SERVICES AGENCY

ENVIRONMENTAL HEALTH SERVICES Healthy People in Healthy Communities

APPLICATION / CHANGE OF REQUEST FOR BODY ART FACILITY

Last Name:	First Na	ame:	Middle Initials:	
Title:	Phone #:	E-mail <u>:</u>		
APPLICATION TYP	E New Business Closi	ng Business		
BUSINESS TYPE	Body Art Facility			
FACILITY INFORMATION:				
Facility Owner:	Same as Contact Listed Above	e 🔄 If Not the Same, Li	ist Owner:	
Facility Name:				
Facility Address:		City, State	e, Zip:	
Mailing Address:		City, State	e, 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 Indicate the Services you will be Providing Monterey County Health Permit to submit an application.				
(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	on and Control Plan (IPCP)	 Schematic Map / L 	ayout of Facility	
• List of all Practitio	ners Operating at your Facility	/ (include Name, Operato	or #, Phone #, E-mail).	
	actitioners change Facility mu ated list by end of the month t		nty Environmental Health and	

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 Nam <u>e:</u>	Date:	Signature:

APPLICANT INFORMATION

I

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 has multiple locations, must register each site

the new owner shall submit a new registration application. Businesses man has mattiple locations, mast register each siter			
PERMIT FEES: Please contact the Environmental Health	RETURN APPLICATION TO: San Benito County		
Bureau at (831) 636-4035 for the current fee schedule.	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