SAN BENITO COUNTY

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



HEALTH & HUMAN SERVICES AGENCY

Environmental Health 351 Tres Pinos Road, Ste. C-1 Hollister, California 95023 (831) 636-4035 Fax (831) 636-4037

Last Name:		First Name: _		Middle Initials:
Title:	Phone #:		E-mail <u>:</u>	
APPLICATION TYPE	New Business	Closing Busine	SS	
BUSINESS TYPE	Body Art F	acility		
FACILITY INFORMATI	ON:			
Facility Owner: S	ame as Contact Lis	ted AboveIf	Not the Same, List	Owner:
Facility Name:				
Facility Address:			City, State, Z	ip:
Mailing Address:			City, State, Z	ip:
Facility Phone #:		E-mail	:	
Facility Fax #: BODY ART FACILITY (ONLY This Applic	cation is for a P	_	or Temporary Body Art Event
-		cation is for a P *Tem viding M	ermanent Facility porary Events shall i	
BODY ART FACILITY (Indicate the Services (Check all that apply) Tattooing	you will be Pro	ration is for a P *Tem viding N smetic B	permanent Facility porary Events shall i lonterey County Hea ody Piercing	or Temporary Body Art Event nform all operators without a valid lth Permit to submit an application.
BODY ART FACILITY (Indicate the Services (Check all that apply) Tattooing THE FOLLOWING SHA	you will be Pro Permanent Co LL BE SUBMITT	cation is for a P *Tem viding M smetic B	permanent Facility porary Events shall i lonterey County Hea ody Piercing	or Temporary Body Art Event nform all operators without a valid lth Permit to submit an application.
BODY ART FACILITY (Indicate the Services (Check all that apply) Tattooing THE FOLLOWING SHA Aftercare (Post-procedure	you will be Pro Permanent Co LL BE SUBMITT e) Instructions	reation is for a P *Tem viding M smetic B ED WITH THE A ● Bus	Permanent Facility porary Events shall i lonterey County Hea rody Piercing	or Temporary Body Art Event nform all operators without a valid lth Permit to submit an application. Branding Consent Form
BODY ART FACILITY (Indicate the Services (Check all that apply) Tattooing THE FOLLOWING SHA Aftercare (Post-procedure) Infection Prevention and List of all Practitioners Open	you will be Produced Permanent Control Plan (IPCP) perating at your Face	ration is for a *Tem *Tem viding M smetic E ED WITH THE A • Bus • Sch cility (include Name,	rermanent Facility porary Events shall i lonterey County Hea lody Piercing PPLICATION: liness License lematic Map / Layout Operator #, Phone	or Temporary Body Art Event nform all operators without a valid lth Permit to submit an application. Branding Consent Form of Facility #, E-mail).
BODY ART FACILITY (Indicate the Services (Check all that apply) Tattooing THE FOLLOWING SHA Aftercare (Post-procedure) Infection Prevention and List of all Practitioners Open	you will be Pro Permanent Co. LL BE SUBMITT Pay Instructions Control Plan (IPCP) Perating at your Factioners change Factions	reation is for a *Tem *Tem *Viding M Smetic B *ED WITH THE A • Bus • Sch cility (include Name, acility must notify	rermanent Facility porary Events shall i lonterey County Hea lody Piercing PPLICATION: liness License lematic Map / Layout Operator #, Phone San Benito County	or Temporary Body Art Event nform all operators without a valid lth Permit to submit an application. Branding Consent Form of Facility
BODY ART FACILITY (Indicate the Services (Check all that apply) Tattooing THE FOLLOWING SHA Aftercare (Post-procedure) Infection Prevention and List of all Practitioners Op *If the List of Practition and an updated list by each of the undersigned hereby appeared belief, the information eligible to provide Services	Permanent Co. LL BE SUBMITT a) Instructions Control Plan (IPCP) perating at your Factioners change Factioners change Factioners for a business I have provided is a in San Benito Court to conform to all conformations.	*Tem *Tem viding smetic ED WITH THE A Bus Sch cility (include Name, ncility must notify that the change of registration. I declarate into the conditions, laws, ord	rermanent Facility porary Events shall i lonterey County Hea sody Piercing PPLICATION: siness License lematic Map / Layout Operator #, Phone San Benito County ccurs. are under penalty of understand that to leannual registration fe	or Temporary Body Art Event nform all operators without a valid lth Permit to submit an application. Branding Consent Form of Facility #, E-mail).

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.

PERMIT FEES:

Please contact Environmental Health at (831) 636-4035 for the current fee schedule.

RETURN APPLICATION TO:

San Benito County Environmental Health 351 Tres Pinos Road, Ste. A-202 Hollister, California 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