



# SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

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

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

## APPLICATION / RENEWAL / CHANGE OF REQUEST FOR BODY ART PRACTITIONER

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

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

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

APPLICATION TYPE ☐ New Practitioner Permit ☐ Permit Renewal ☐ Temporary Practitioner Registration

**\*Issued Health Permits are Valid until the end of the Fiscal Year on June 30. To Renew your Health Permit, Practitioners Shall Resubmit an Application Form & a Valid BBP Training Certificate to the Health Department in the Month of June Each Year & Pay Fee(s)\***

Which services will you be providing: ☐ Tattooing ☐ Permanent Cosmetic ☐ Body Piercing ☐ Branding

Is this your first time registering: ☐ Yes ☐ No Identification (Age 18 or older?): ☐ Yes ☐ No

Identification Type: ☐ Driver's License ☐ Government ID ☐ Other: \_\_\_\_\_

**\*\*A copy of your Identification will be taken at time of application.\*\***

Do you need a new or a replacement Body Art Operator Card? ☐ Yes ☐ No

### Identify Hepatitis B Vaccination Documentation:

☐ Certification of Completed Vaccination ☐ Laboratory Evidence of Immunity ☐ Vaccination Declination

### Identify Bloodborne Pathogen Training Completed:

Proof of Completion of Approved Blood-borne Pathogen Training

|                |                      |
|----------------|----------------------|
| Date Completed | Training Provided By |
|----------------|----------------------|

**\*\*Attach a Copy of the Hepatitis B Document and valid BBP Training Certificate with this Application.\*\***

## LIST ALL BODY ART FACILITY LOCATIONS YOU WILL BE OPERATING: (Provide a List if More than 2 Facilities)

1. Body Art Facility Name: \_\_\_\_\_

Are you the Facility Owner: ☐ Yes ☐ No If Not, List Owner Name: \_\_\_\_\_

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

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

### This Section Shall be Completed by the Body Art Facility Owner:

By signing this Form, I authorize this practitioner to provide services at the facility listed above.

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Body Art Facility Name: \_\_\_\_\_

Are you the Facility Owner: ☐ Yes ☐ No If Not, List Owner Name: \_\_\_\_\_

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

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

### This Section Shall be Completed by the Body Art Facility Owner:

By signing this Form, I authorize this practitioner to provide services at the facility listed above.

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

The undersigned hereby applies for a Body Art Practitioner 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 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 Practitioners and Body Art Facilities.

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

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



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## APPLICATION / RENEWAL / CHANGE OF REQUEST FOR FACILITY INSTRUCTIONS

### APPLICANT INFORMATION

Provide name, mailing address and facility information & include Bloodborne Pathogen Training Certificate & Hepatitis B document to be registered.

#### 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. C-1 Hollister, California 95023

### I. PROCEDURES TO BE PERFORMED (§ 119301)

Body Art Practitioner applicant should identify each service that will be provided. Body Art Facility owner applicant should 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.

### II. REQUIRED REGISTRATION or PERMIT FEES (§ 119306, § 119312)

Application for registration shall include payment of appropriate fees.

**ANNUAL BODY ART PRACTITIONER REGISTRATION** — Required for all individuals providing body art services.

Practitioners shall only operate at a Permitted Body Art Facility.

**ANNUAL BODY ART FACILITY PERMIT** — Required for businesses where tattoo, body piercing, branding, and/or permanent cosmetic services are performed.

### III. APPLICANT INFORMATION (§ 119306, § 119312)

All applicants must provide full name, mailing address, and contact information. All body art practitioners must submit documentation on: Hepatitis B vaccination document, proof of approved bloodborne pathogen training. Registrants must also identify the facility where they plan to provide body art services.

### IV. FACILITY LOCATION (§ 119306, § 119312)

All applicants must provide the business name, location address, and contact information in which body art procedures are to be performed. If a practitioner will operate at multiple locations, each site must be identified and permitted.

**ADMINISTRATIVE POLICY:** Each Health Permit issued is valid until the end of the Calendar Year on Dec 31. All renewal fees must be paid before December 31 of each year or late penalty fees will be charged to your account.

**Please contact (831) 636-4035 or contact your inspector directly if you have additional questions.**

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