



BODY ART PRACTITIONER REGISTRATION

TYPE OF SERVICE:				
<input type="checkbox"/> TATTOO	<input type="checkbox"/> BODY PIERCING	<input type="checkbox"/> PERMANENT COSMETICS	<input type="checkbox"/> BRANDING	<input type="checkbox"/> Other: _____

PRACTITIONER	Full Legal Name (Please Print) _____ Phone _____
	Billing Address _____ City _____ State ____ Zip _____
	Email Address _____
	REQUIRED REGISTRATION DOCUMENTATION
Provide the following documentation for verification:	<input type="checkbox"/> Copy of ID or Passport (Proof practitioner is over age 18)
<input type="checkbox"/> Hepatitis B Vaccination / Declination (Please circle one)	<input type="checkbox"/> Passport type with photograph
<input type="checkbox"/> Bloodborne Pathogen Training Provider _____	Issue Date: _____

FACILITY INFORMATION	Facility Name _____ Phone _____
	Address _____ City _____ State ____ Zip _____
	Email Address _____ Business Owner Phone _____
	Business Owner Name _____
	Business Owner Signature _____ Date _____
	By signing I attest that I am the owner of this business. The practitioner listed above will be performing body art at my permitted facility listed here. I will notify Santa Clara County Department of Environmental Health if this Body Art Practitioner is no longer practicing body art at my permitted facility. My permitted facility is able to accommodate this Body Art Practitioner.

The undersigned hereby certifies all of the information provided on this application is true and accurate and agrees to notify County of Santa Clara Department of Environmental Health of any changes that occur including the type of business activity, name, business location, billing address, and/or cease practicing body art.

The undersigned hereby applies for a Registration Permit and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures needed to ensure compliance. Payment of the required registration fee and outstanding inspection fee balance, if any, to secure a valid registration is required before commencing or continuing operations. Failure to do so may result in a misdemeanor citation, infractions, registration suspension/revocation proceedings, and/or closure.

REGISTRATIONS ARE NOT TRANSFERABLE TO OTHER INDIVIDUALS

Signature must be by the Practitioner. A manually signed copy of this application delivered by facsimile, email or other electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this application.

Applicant Name (please print): _____

Signature of Applicant _____ Date _____

OFFICIAL USE ONLY

NEW PRACTITIONER UPDATE

PREVIOUS NAME OF FACILITY/BUSINESS _____

COMMENTS _____ DESIGNATED EMPLOYEE _____

FA# _____

PHOTO ID YES NO

APPROVED DISAPPROVED

BY _____ EMP# _____ DATE _____ SUPERVISOR _____ DATE _____