



PERMANENT BODY ART FACILITY PERMIT APPLICATION

TYPE OF SERVICE:
 TATTOO BODY PIERCING PERMANENT COSMETICS BRANDING Other: _____

FACILITY

Name of Facility/DBA
 (Please Print) _____

Site Address _____ City _____ State _____ Zip _____

Phone _____ Website _____

ADDITIONAL DOCUMENTATION REQUIRED :

DEH Plan Check Completed Consent Form Sterilization Log After Care Instructions

Infection Prevention and Control Plan Client History Form Needle Log

Have there been any changes or revisions to your Infection Prevention and Control Plan? YES NO

BUSINESS OWNER

Owner Name _____ Phone _____

Owner Address _____ City _____ State _____ Zip _____

Owner Email _____

Invoices to be mailed here:

ACCOUNTS RECEIVABLE ADDRESS

In Care Of
 (Billing Office or Person in Charge) _____

Accounts Receivable Address _____

City _____ State _____ Zip _____ Phone _____

PRACTITIONERS

The facility owner must keep an updated list of practitioners and notify DEH of status changes within 30 days.
 Attach additional sheets if necessary.

FA#	COUNTY ISSUED	PRACTITIONER NAME	FA#	COUNTY ISSUED	PRACTITIONER NAME

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 (DEH) of any changes that occur including the type of business activity, name, business location, billing address, practitioners, ownership and/or closure.

The undersigned further agrees and understands that any structural alterations, including, but not limited to, equipment changes or additions requires submittal of plans and appropriate fee to DEH for review and approval.

The undersigned hereby applies for a Permit to Operate 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 permit fee and outstanding inspection fee balance, if any, to secure a valid permit is required before commencing or continuing operations. Failure to do so may result in a misdemeanor citation, infractions, permit suspension/revocation proceedings, and/or closure.

Applicant Name (Please print) _____

Signature _____ Date _____

OFFICIAL USE ONLY

NEW FACILITY UPDATE CHANGE OF OWNERSHIP (previous owner's name) _____

PREVIOUS NAME OF FACILITY/BUSINESS _____

COMMENTS _____

FACILITY ID # _____ DESIGNATED EMPLOYEE _____

APPROVED DISAPPROVED

BY _____ EMP# _____ DATE _____ SUPERVISOR _____ DATE _____