



**CONTRA COSTA**  
**ENVIRONMENTAL HEALTH DIVISION**  
 2120 DIAMOND BOULEVARD, SUITE 200  
 CONCORD, CA 94520  
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 www.cchealth.org/eh/



## BODY ARTS ESTABLISHMENT APPLICATION

(Incomplete applications will not be accepted)

APPLICATION FOR:  TATTOO     BODY PIERCING     PERMANENT COSMETICS

**Required:**

- Completed body arts establishment permit application.
- Prior to obtaining a permit, any new facility must complete the plan check process. Please see the body arts plan check guide and body arts plan check application for more details.
- \$39.00 application fee. Please be aware that this fee is non-refundable.
- A copy of the Infection Prevention Control Plan (IPCP) is required to be filed with this application (Section 119312 (b) (1)).

The permit fee for a body arts facility permit is \$522 per year.  
 Fees are subject to change, please see the [current fee schedule](#).

### APPLICANT INFORMATION

FULL LEGAL NAME: (Sole Owner, Partnership, Corporation, etc.)	CONTACT PHONE NUMBER:		
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
EMERGENCY CONTACT NAME:	CONTACT PHONE NUMBER:		
EMAIL:			

### ESTABLISHMENT LOCATION

ESTABLISHMENT NAME:	BUSINESS PHONE NUMBER:
ADDRESS:	CITY, STATE, ZIP CODE:

### FOR OFFICE USE ONLY

FA #:	PR #	P/E: 49	DISTRICT #: 62	CENSUS TRACT #:	REHS:
AMOUNT DUE: \$		AMOUNT PAID: \$		RECEIPT #:	RECEIVED BY:
CHECK #:	CASH    CREDIT CARD: <input type="checkbox"/> MC <input type="checkbox"/> VISA		DATE RECEIVED:	SUPERVISOR:	

# LIST OF REGISTERED PRACTITIONERS

Local and State law requires that each practitioner be registered with the local health department.

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

I declare under penalty of perjury the information on this application and in other materials submitted in support of this application is true and correct. I hereby consent to all necessary inspections conducted pursuant to the California Health & Safety Code. I understand that submittal of incorrect information will result in rejection of this application, and/or voiding of an existing permit.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Denied

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REVIEWED BY:

DATE: