



CONTRA COSTA
ENVIRONMENTAL HEALTH DIVISION
 2120 DIAMOND BOULEVARD, SUITE 200
 CONCORD, CA 94520
 (925) 692-2500 (925) 692-2502 FAX
 www.cchealth.org/eh/



BODY ARTS PRACTITIONER APPLICATION
 (Incomplete applications will not be accepted)

NEW Application for: Tattooing Piercing Permanent Cosmetics Branding

RENEWAL for: Tattooing Piercing Permanent Cosmetics Branding

Submit the following (required): <input type="checkbox"/> Completed Body Arts Practitioner Application form with signature. <input type="checkbox"/> A copy of your current <i>Contra Costa EH Approved</i> Bloodborne Pathogen Certificate of Training. List at www.cchealth.org/eh <input type="checkbox"/> Proof of Hepatitis B vaccination or a Hepatitis B declination form. <input type="checkbox"/> \$39.00 application fee required for new applications. Please be aware that this fee is non-refundable. <input type="checkbox"/> Proof of practitioner is over age 18 – copy of photo ID. <input type="checkbox"/> The permit fee for a body arts practitioner is \$131.00. Fees are subject to change. Please see the current fee schedule.
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A. Practitioner (Physical) Address

PRACTITIONER NAME (As it appears on Driver's License or Federal Tax ID):		
PRACTITIONER HOME ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:
EMAIL ADDRESS: For Official Inspection Reports and Newsletters regarding changes in state law. Email address provided must be able to accept email from external email address.		

B. Practitioner Mailing Address:

MAILING ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:

C. Accounts Receivable Address: *Invoices to be mailed here*

IN CARE OF (Billing office or Person in Charge):		
BILLING ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:

Please complete both sides of this form.

FOR OFFICE USE ONLY				
PI #:	AR #:	PROGRAM ELEMENT #: 4962	DISTRICT: 62	REHS:
AMOUNT DUE: \$ 131.00	AMOUNT PAID:	RECEIPT #:	RECEIVED BY:	
CHECK#:	CASH/CREDIT CARD: <input type="checkbox"/> MC <input type="checkbox"/> VISA	DATE RECEIVED:	SUPERVISOR:	

FACILITY NAME INFORMATION

LIST ALL ESTABLISHMENTS WHERE YOU CURRENTLY OR ARE PLANNING TO ENGAGE IN TATTOOING, BODY PIERCING, BRANDING OR PERMANENT COSMETICS. **MUST BE A PERMITTED ESTABLISHMENT.**

FACILITY NAME:	ADDRESS:	CITY, ZIP CODE:	PHONE:
FACILITY NAME:	ADDRESS:	CITY, ZIP CODE:	PHONE:
FACILITY NAME:	ADDRESS:	CITY, ZIP CODE:	PHONE:
FACILITY NAME:	ADDRESS:	CITY, ZIP CODE:	PHONE:
FACILITY NAME:	ADDRESS:	CITY, ZIP CODE:	PHONE:
FACILITY NAME:	ADDRESS:	CITY, ZIP CODE:	PHONE:

Please complete both sides of this form.

The undersigned hereby certifies all of the information provided on this application is true and accurate and agrees to notify Contra Costa 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.

REGISTRATION PERMITS ARE NOT TRANSFERABLE

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: _____

**NONREFUNDABLE DEPOSIT AMOUNT MAY NOT COVER THE ENTIRE APPLICATION REVIEW TIME.
ADDITIONAL HOURS MAY BE BILLED AT THE CURRENT HOURLY RATE.**