



CONTRA COSTA
ENVIRONMENTAL HEALTH DIVISION
 2120 DIAMOND BOULEVARD, SUITE 100
 CONCORD, CA 94520
 (925) 608-5500 (925) 608-5502 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 and Location of Operation Agreement.			
<input type="checkbox"/> A copy of your current Contra Costa EH Approved Bloodborne Pathogen Certificate of Training.			
<input type="checkbox"/> Proof of Hepatitis B vaccination or a Hepatitis B declination form .			
<input type="checkbox"/> Proof practitioner is over age 18 – copy of photo ID.			
<input type="checkbox"/> Registration fee of \$150.00. Fees are subject to change. Please see the current fee schedule .			
<input type="checkbox"/> \$45.00 non-refundable application fee required for new applicants.			

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: Required for Recall notices, Renewal Applications, and Newsletters regarding changes in state law. Email address provided must be able to accept email from external email address .		

B. Accounts Receivable Address: *Annual renewal packets to be mailed here*

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

C. 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:

Please complete all pages of this form.

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



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PRACTITIONER LOCATION OF OPERATION AGREEMENT

Section 119306(a) of the California Safe Body Art Act states that a person shall not perform body art at any locations other than a permitted permanent or temporary body art facility.

THIS LETTER MUST BE RENEWED ANNUALLY BY THE BODY ART PRACTITIONER FOR EACH FACILITY THEY ARE OPERATING FROM.

I) THIS SECTION TO BE COMPLETED BY THE BODY ART PRACTITIONER

Practitioner Name: _____ Registration Number: _____
Practitioner Mailing Address: _____ City: _____ Zip Code: _____
Phone: _____ Email: _____

II) THIS SECTION TO BE COMPLETED BY THE BODY ART FACILITY OWNER

The above Body Art Practitioner has my permission to use my permitted Body Art Facility (Listed below) to perform Body Art. I will notify Contra Costa Environmental Health if the above Body Art Practitioner is no longer practicing body art at my permitted facility.

Facility Name: _____ Health Permit PR #: _____
Facility Address: _____ City: _____ Zip Code: _____
Phone: _____ Email: _____

Permit Owner Name (Print): _____

Permit Owner Signature: _____ Date: _____

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.

REGISTRATIONS 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: _____

A \$45.00 PROCESSING FEE WILL BE CHARGED FOR REPLACEMENT PRACTITIONER CERTIFICATES.