



**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 FACILITY APPLICATION**  
 (Incomplete applications will not be accepted)

**Description of Work**     Tattooing     Piercing     Permanent Cosmetics     Branding

**Submit the following information (required):**

- Completed body arts establishment permit application form with signature.
- The permit fee for a body arts facility permit is \$522 per year. Fees are subject to change; please see the [current fee schedule](#).
- \$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).
- A consent form, a medical history form, and an after care form.

Note: 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.

**A. Facility Address:** Is postal mail delivered at the facility?     Yes (If yes, skip Part B)     No (If no, please complete Part B)

<b>NEW</b> FACILITY NAME/DBA:		
FACILITY ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:
<b>PREVIOUS</b> FACILITY NAME/DBA:		
EMAIL ADDRESS: For Official Inspection Reports and Newsletters regarding changes in state law. Email address provided must be able to <b>accept email from external email address</b> .		

**B. Owner (Home) Address:**

<b>NEW</b> OWNER NAME (As it appears on Driver's License or Federal Tax ID):		
OWNER ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:

**C. Accounts Receivable Address:**

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

*Please complete both sides of this form.*

**LIST OF REGISTERED PRACTITIONERS** – State law requires that each practitioner be registered with the local health department. No body art facility shall allow a practitioner who does not possess a valid practitioner registration to perform body art procedures at the facility.

Name	Registration Number	Name	Registration Number

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, 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 Contra Costa Environmental Health 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.

**PERMITS ARE NOT TRANSFERABLE**

Signature(s) must be an Owner, Partner or Corporate Officer (Corporation and Limited Liability Companies). 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: \_\_\_\_\_

FOR OFFICE USE ONLY				
FA #:	PR #:	PROGRAM ELEMENT #: 49	DISTRICT: 64	REHS:
AMOUNT DUE: \$ 522.00	AMOUNT PAID:	RECEIPT #:	RECEIVED BY:	
CHECK#:	CASH    CREDITCARD: <input type="checkbox"/> MC <input type="checkbox"/> VISA	DATE RECEIVED:	SUPERVISOR:	

NONREFUNDABLE DEPOSIT AMOUNT MAY NOT COVER THE ENTIRE APPLICATION REVIEW TIME.  
ADDITIONAL HOURS MAY BE BILLED AT THE CURRENT HOURLY RATE.  
CONSTRUCTION/REMODEL IS NOT TO COMMENCE UNTIL PLANS ARE APPROVED AND BUILDING PERMITS OBTAINED.