

**BODY ART APPLICATION**

**I. PROCEDURES TO BE PERFORMED:** Check all that apply (see back for definitions)

Tattooing       Body Piercing       Permanent Cosmetics       Branding

**II. REQUIRED REGISTRATION OR PERMIT FEES:** Check all that apply.

1  Body Art Practitioner Registration      3  Temporary Body Art Practitioner  
2  Body Art Facility Permit

**III. APPLICANT INFORMATION:**

**NAME:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
**HOME ADDRESS:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

BODY ART PRACTITIONER ONLY	
Date of Birth: _____	Gender: <input type="checkbox"/> <b>F</b> or <input type="checkbox"/> <b>M</b> (circle one)
Identification Type: <input type="checkbox"/> Drivers License <input type="checkbox"/> Other	Identification No.: _____
<b>Facility where Body Art Services Will be Provided</b>	
Facility Name: _____	Owner: _____
Address: _____	
<b>Bloodborne Pathogen Training</b>	
Trainer: _____	Date Certified: _____
<b>Hepatitis B Vaccination Status: Choose One and Submit Documentation</b>	
1 <input type="checkbox"/> Certification of Completed Vaccination	3 <input type="checkbox"/> Contraindicated for Medical Reasons
2 <input type="checkbox"/> Laboratory Evidence of Immunity	4 <input type="checkbox"/> Vaccination Declination

**IV. FACILITY INFORMATION:** (facility permit only)

**1. BUSINESS NAME:** \_\_\_\_\_

Location address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Owner/ Contact: \_\_\_\_\_ Phone/ Fax: \_\_\_\_\_

**2. BUSINESS NAME:** \_\_\_\_\_

Location address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Owner/ Contact: \_\_\_\_\_ Phone/ Fax: \_\_\_\_\_

The undersigned hereby applies for a Body Art Facility Permit and/or Practitioner Registration and/or Mechanical Stud and Ear Piercing Notification and agrees to operate in accordance with all applicable state and local requirements governing safe body art practices or practices governing mechanical stud and clasp ear piercing.

**I hereby certify that to the best of my knowledge and belief the statements made herein are true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
Program (PE): _____	Fees: _____	Authorized by (REHS): _____	Date Entered: _____

**BODY ART APPLICATION**

**I. PROCEDURES TO BE PERFORMED (§ 119301)**

Body Art Practitioner applicant should identify each service that will be provided. Body Art Facility owner applicant should identify all the services that will be provided within the facility.

**TATTOOING**— means the insertion of pigment in human skin by piercing with a needle.

**BODY PIERCING**— means the creation of an opening in a human body for the purpose of inserting jewelry or other decoration. "Body piercing" includes, but is not limited to, the piercing of an ear, including the tragus, lip, tongue, nose, or eyebrow. "Body piercing", does not include the piercing of an ear, except for the tragus, with a disposable, single-use, presterilized clasp and stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear.

**PERMANENT COSMETICS**— means the application of pigments in human skin tissue for the purpose of permanently changing the color or appearance of the skin. This includes, but is not limited to, permanent eyeliner, eyebrow, or lip color.

**BRANDING**- means the process in which a mark or marks are burned into human skin tissue with a hot iron or other instrument, with the intention of leaving a permanent scar.

**II. REQUIRED REGISTRATION or PERMIT FEES (§ 119306, § 119312)**

Applications for registration, facility permit, or notification must include payment of appropriate fees. Please check the appropriate boxes and remit the required fees with your application.

**ANNUAL BODY ART PRACTITIONER REGISTRATION** — Required for all individuals providing body art services.

**ANNUAL BODY ART FACILITY PERMIT** — Required for businesses where tattoo, body piercing, branding, and/or permanent cosmetic services are performed.

**III. APPLICANT INFORMATION (§ 119306, § 119312)**

All applicants must provide full name, mailing address, and contact information.

All body art practitioners must submit documentation on: Hepatitis B vaccination status, proof of approved bloodborne pathogen training. Registrants must also identify the facility where they plan to provide body art services.

**IV. FACILITY LOCATION (§ 119306, § 119312)**

All applicants must provide the business name, location address, and contact information in which body art procedures are to be performed. If a business has multiple locations, each site must be identified and permitted. One application form may be used to register multiple facility sites for a single business owner.

**ADMINISTRATIVE POLICY:**

The fiscal year begins on July 1st and ends on June 30. All fees must be paid by June 30 of each year or late fees will be billed to your account. Annual fees are prorated to 50% for a business starting between January 1st and June 30.

All applicants registering during this period will also be required to pay the full fee for the next fiscal year by July 1st.

**Please contact (831) 755-4505 or contact your inspector directly if you have additional questions.**

**PERMIT FEES:**

Please contact the Environmental Health Bureau at (831) 755-4505 for the current fee schedule.

**RETURN APPLICATION TO:**

Monterey County Health Department,  
Environmental Health Bureau  
Solid Waste Management Services  
1270 Natividad Road  
Salinas, CA 93906