



**Division of Environmental Health**

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**APPLICATION FOR PERMIT TO OPERATE A BODY ART FACILITY**

**New**       **Facility Update**       **Change of Ownership** – Effective Date: \_\_\_\_\_

**PROCEDURES TO BE PERFORMED** (Check all that apply)

Tattooing     Branding     Body Piercing     Permanent Cosmetics

**FACILITY INFORMATION**

<b>Name of Facility:</b>	<b>Business Phone:</b>
<b>Previous Facility Name:</b>	
<b>Site Address:</b> Street	City & Zip
<b>Mailing Address:</b> Street	City & Zip
<b>Jurisdiction:</b> <input type="checkbox"/> Within City Limits – City:	<input type="checkbox"/> Unincorporated Area
<b>Water Supply</b> (please select one): <input type="checkbox"/> Individual <input type="checkbox"/> Public – List Name of Supplier:	

**PERMIT TO BE ISSUED TO** (Entity that is legally responsible for the operation of the body art facility)

IF THE BUSINESS/PERMIT HOLDER IS A CORPORATION, PLEASE ATTACH A COPY OF ARTICLES OF CORPORATION

<b>Permit Holder Name:</b>	<b>Phone Number:</b>
<b>Co-Owner Name</b> (if applicable):	<b>Co-Owner Phone:</b>
<b>Permit Mailing Address:</b> Street	City & Zip
<b>E-mail address(s):</b>	

**IF THE BILLING CONTACT IS DIFFERENT THAN PERMIT HOLDER PROVIDE INFORMATION HERE**

<b>Billing Contact Name:</b>	
<b>Billing Mailing Address:</b> Street	City & Zip
<b>Billing E-mail Address:</b>	<b>Phone Number:</b>

The undersigned hereby applies for a Body Art Facility Permit and agrees to operate in accordance with all applicable state and local requirements governing safe body art practices, including the California Health and Safety Code sections 19300 through 19328.

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

<b>Applicant Signature:</b>	<b>Date:</b>
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**\* FOR OFFICE USE ONLY \***

<b>Permit Fee:</b> <input type="checkbox"/> Cash \$ <input type="checkbox"/> Check #: _____	<b>Receipt number:</b>	<b>Billing Date:</b>
<b>Online Payment Conf. #:</b>	<b>Date of Payment:</b>	<b>OA initials and date entered:</b>
<b>Application #:</b>	<b>Permit #:</b>	

**District:**  Arcata     Eureka (North)     Eureka (South)     Mid-County     North     South

<b>Approving REHS/EHS Signature:</b>	<b>Signature Date:</b>
<b>Senior REHS Signature:</b>	<b>Signature Date:</b>