



# County of Yolo

## HEALTH DEPARTMENT

### Environmental Health

137 North Cottonwood Street, Suite 2400, Woodland, CA 95695  
 PHONE: (530) 666-8646 FAX: (530) 669-1448

## PUBLIC HEALTH PERMIT APPLICATION FOR BODY ART FACILITY

**NAME of ESTABLISHMENT (DBA)** \_\_\_\_\_

**SITE ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_ **ZIP** \_\_\_\_\_

**SITE PHONE** \_\_\_\_\_ **FAX NUMBER** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**TYPE OF SERVICE:** TATTOO \_\_\_\_ BODY PIERCING \_\_\_\_ PERMANENT COSMETICS \_\_\_\_ BRANDING \_\_\_\_

NEW \_\_\_\_ EXISTING \_\_\_\_ CHANGE OF OWNERSHIP \_\_\_\_ FACILITY INFORMATION UPDATE \_\_\_\_

**OWNER or COMPANY NAME** \_\_\_\_\_

**OWNERSHIP STATUS OF ABOVE:**     Sole Proprietor     Partnership     Corporation     LLC

LIST ALL OWNERS, PARTNERS, ETC. (please attach additional page of owner information to this application if necessary):

**OWNER NAME** \_\_\_\_\_ **OWNER NAME** \_\_\_\_\_

**BUSINESS/HOME ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_ **ZIP** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_ **HOME/EMERGENCY CONTACT PHONE** \_\_\_\_\_

**BILLING INFORMATION / NAME OF CONTACT** \_\_\_\_\_

**BILLING ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_ **ZIP** \_\_\_\_\_

**BILLING PHONE** \_\_\_\_\_ **BILLING FAX NUMBER** \_\_\_\_\_

Copy of the Infection Prevention Control Plan submitted with the application? \_\_\_\_\_

Note: Must submit copy of Infection Prevention Control Plan per California Health & Safety Code, Chapter 7, Article 4, Section 119312(b)(1)

In compliance with California Health & Safety Code, Chapter 7, Article 4, Section 119312, I hereby make this application for a Public Health permit for the above stated establishment/business.

**I understand this permit is NON-REFUNDABLE and NON-TRANSFERABLE to a new owner or a new location.**

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	Approved By	Permit #
Amount Paid _____ Date _____	Date Approved	FA #
Check Number _____ <input type="checkbox"/> Credit <input type="checkbox"/> Cash	Condition of Approval	PE #
Receipt Number	Date of opening:	Closing business date & initial: