



**Public Health Services Branch
Environmental Health Division
Body Art Permit to Operate Application**

860 N. Bush St. Ukiah, CA 95482 Phone: (707) 234-6625 Fax: (707) 463-4038

EH Staff Enter:	
Rec'd By: _____	Reviewed by: _____ Date: _____
Payment # _____	
Amount: _____	Approved by: _____ Date: _____
Receipt Date: _____	Facility ID#: _____

Facility name: _____
Business address: _____
Mailing address (if different than business address): _____
Business telephone: _____ Email (optional): _____

Written "Infection Prevention and Control Plan" (attach copy):
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Services (circle applicable): Tattooing Piercing Permanent Cosmetics Branding

Facility floor plan (attach):
Type of facility* (select one): Permanent Temporary Mobile
Facility Status (circle applicable): New Facility Owner Change
Previous name of facility (facility name change): _____

Business owner information:
Name: _____
Signature: _____

*Each type of facility requires one separate application.