



Body Art Program

Alameda County Department of Environmental Health
Solid/Medical Waste Management
1131 Harbor Bay Parkway, Alameda, CA. 94502
Phone: (510)567-6790 Fax: (510) 337-9234
<https://deh.acgov.org/index.page>

BODY ART FACILITY PERMIT APPLICATION FORM

(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED)

TYPE OF SERVICE: <input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS <input type="checkbox"/> BRANDING ONSITE STEAM STERILIZATION? YES <input type="checkbox"/> NO <input type="checkbox"/>	TYPE OF APPLICATION: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL
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FACILITY INFORMATION:

FACILITY NAME: _____

FACILITY ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS OWNER(S) NAME: _____

BUSINESS OWNER(S) ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

BUSINESS PHONE NUMBER: _____ HOME / CELL PHONE NUMBER: _____

REQUIRED DOCUMENTS FOR FACILITY PERMIT:

<input type="checkbox"/> Facility Infection Prevention and Control Plan	<input type="checkbox"/> Plan Check Completed
<input type="checkbox"/> Body Art Practitioner Registration(s)	<input type="checkbox"/> Consent Form / Medical Questionnaire
<input type="checkbox"/> Permit Fee	<input type="checkbox"/> Post Procedure Instructions

OTHER REQUIRED DOCUMENTS:

Business License Video of Setup and Break Down of Body Art Procedure for Each Body Art Practitioner

LIST OF BODY ART PRACTITIONERS WORKING AT THIS LOCATION: The facility owner must keep an updated list of practitioners and notify this Department of status changes within 30 days.			
PRACTITIONERS NAME	PR#	PRACTITIONERS NAME	PR#

I hereby certify that all statements made in the application and information in the attached documentation are true and correct. I agree to operate in accordance with all applicable state and local regulations. I agree to maintain a current Infection Prevention and Control Plan.

SIGNATURE: _____ DATE: _____

PRINT NAME / TITLE: _____

Signature on this form indicates agreement to comply with all applicable statutes. Fee is in accordance to Title 6 of the Alameda County Ordinance Code.

FOR OFFICIAL USE ONLY

FA# _____ PR# _____	ENVIRONMENTAL HEALTH SPECIALIST: _____
AMOUNT PAID: _____ DATE PAID: _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED DATE: _____