



# SUTTER COUNTY DEVELOPMENT SERVICES DEPARTMENT

Building Inspection  
Code Enforcement

Engineering/Water Resources  
Environmental Health

Planning  
Road Maintenance

## BODY ART FACILITY PERMIT APPLICATION

New       Renewal

California Health and Safety Code, Chapter 7, Section 119300, requires all body art facilities to maintain a valid health permit.

Facility Name \_\_\_\_\_ Phone: \_\_\_\_\_

Owner(s) Name(s) \_\_\_\_\_

Facility Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

*Mailing Address (if different than above)*

Street/P.O. Box \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Services provided in this facility (check all that apply):

Tattoo       Permanent Cosmetics       Body Piercing       Branding       Temporary Event

Number of Practitioners: \_\_\_\_\_

List all practitioners who operate in your facility. (Use back of form for more space, if necessary.) Each practitioner must complete a Practitioner Registration Form and submit required documents to this office.

Practitioner Name	Mailing Address

As a condition for a health permit, the applicant shall provide a copy of the facility's Infection Prevention Control Plan as required by the California Health and Safety Code, Section 119313.

Plans must be submitted for new construction or remodel of the facility prior to construction.

I declare, that to the best of my knowledge, the information I have provided is true and accurate. I agree to conform to all conditions, orders, and directions issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. I hereby consent to inspections of this facility by Sutter County Environmental Health and will notify the office within 30 days of any changes in the above information.

\_\_\_\_\_  
Print Name of Owner

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Date Payment Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Rec'd By: \_\_\_\_\_

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