

Health, Housing & Community Services  
Environmental Health Division

Date

Address

Re: **Body Art** – California Health & Safety Code Section 119300 et seq.  
Berkeley Municipal Code (BMC) Chapter 11.70

Dear Facility Operator/Owner/Practitioner/Contractor:

Effective July 1, 2012, California Health & Safety Code Section 119300 et seq. and the Berkeley Municipal Code Chapter 11.70 require the operators and practitioners engaged in the practice of body art tattooing, body piercing, permanent cosmetics, branding, and mechanical stud and clasp ear piercing (MS&CEP) submit the required registration and notification documents and obtain a health permit for opening a Body Art Facility in Berkeley.

Please complete the attached application and submit the required fees when filing the documents. If you have already paid the practitioner registration fees for 2012, just fill the required form to update our records. There is no need to pay another registration fee.

**Note: Application will not be accepted without the fees and if the required documents are incomplete.** The current requirements and fees are as follow:

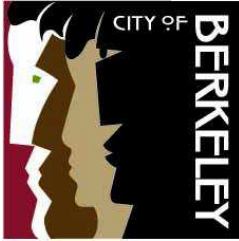
Type of Operator	Registration Fee	Health Permit Required	Application Processing Fee (Admin.)	One-Time Notification Fee	Annual Fee January 1 – December 31	Total Due
Owner/Operator	\$44	Yes	\$182	N/A	\$366	\$592
Practitioner/Contractor	Yes	No		N/A	\$ 44	\$44
MS&CEP	\$44	No		Yes	N/A	\$44

If you have any questions about the law or how it applies to your body art facility, please contact us at (510) 981-5310. Thank you for your cooperation.

Sincerely,

Manuel M. Ramirez, REHS  
Manager of Environmental Health

Attachment: Application Forms



Health, Housing and Community Services  
Environmental Health Division

## Requirements for Registration of Permanent, Mobile and Temporary Safe Body Art Facilities Safe Body Art Act AB 300 & Berkeley Municipal Code (BMC) 11.70

The **AB300 Safe Body Art Act, Article 3 Section 119306** and the **Berkeley Municipal Code (BMC) Chapter 11.70 of Title 11 - Body Art and Body Piercing Facilities** require operators and practitioners engaged in the practice of safe body art such as tattooing, body piercing, permanent cosmetics, branding or stud ear piercing to have an information document on-site and on-file with the Division of Environmental Health. **This application will not be accepted until all applicable forms are completed and returned with the appropriate fees.**

Fill all applicable forms pertaining to your facility and types of services provided. The forms are numbered and will also be available for download at [www.ci.berkeley.ca.us/Health\\_Human\\_Services/Environmental Health/Tattooing,...](http://www.ci.berkeley.ca.us/Health_Human_Services/Environmental_Health/Tattooing,...) **Complete and submit the following information on separate forms:**

**1. Facility Information: Use Form # 003-12**

List all facilities (including other Counties registered with) where you currently engage in the practice of Tattooing, Body piercing and other Safe Body Arts. Provide Legal Name of individual registering, street address. and phone numbers. Specify # of practitioners at each facility.

Each practitioner must file a separate application.

**2. Services & Types of Facilities:**

<b>Type of Service Provided:</b>	<input type="checkbox"/> Tattooing <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Branding <input type="checkbox"/> Mechanical Stud and Clasp Ear Piercing (MS&CEP) <input type="checkbox"/> Other
<b>Type of Body Art Facility:</b>	<input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary within a building <input type="checkbox"/> Mobile Facility <input type="checkbox"/> Sponsor <input type="checkbox"/> Event Coordinator <input type="checkbox"/> Other

**3. Applicant Information: Use Forms # 003-12**

Provide proof of Hepatitis B Vaccination, **HEP B Instructions; HEP B Forms 006-008-12**  
Blood borne Exposure Control  
Training and photo ID

**4. Experience and Training: Use Form #004-12**

Briefly describe your experience, training and qualification (include dates and locations).  
Provide proof/certificate. First time registrants require 6 months of related experience

**5. Registration, Applicable Fees & Health Permits:**

<b>Applicant Type &amp; Forms</b>	<b>Annual Registration fee</b>	<b>Notification Fees</b>	<b>Temporary Event Fees</b>	<b>Annual Health Permit Fees</b>	<b>Expires December 31st</b>
Practitioner	\$44			N/A	
Owner/Operator Contractor SB#002-12	\$44			\$366	
Temporary practitioner /owner fees (valid for no more than 7 days) SB#	\$44			To be determined	Expires on
Temporary Event Coordinator Fees SB#	N/A		To be determined	N/A	Expires on
Mobile Tattoo Facility SB#001-12	\$44		To be determined	To be determined	Expires on
Mechanical Stud & Clasp Ear Piercing (MS&CEP) SB# 005-12	N/A	\$44 one time fees		N/A	N/A

I, the undersigned individual, am the person responsible for implementation, administration and operation of the activities required to meet the requirements of AB300 Ma Safe Body Art Act, and BMC Body Art and Body Piercing Facilities Chapter 11.70 including reporting of information for this application. I declare under penalty of perjury the information on this application and in other materials submitted in support of this application is true and correct. I understand that submittal of incorrect information may result in penalties and site investigation fees.

Applicant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

<p><b><u>Fees Paid:</u></b>                  Registration Yes <input type="checkbox"/> No <input type="checkbox"/>                  Health Permit Yes <input type="checkbox"/> No <input type="checkbox"/>                  Mechanical Stud &amp; Clasp Ear Piercing Notification Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>Amount Paid:</b> _____ <b>Date :</b> _____  <b>Health permit Issued:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>                  Change of Ownership Date: _____                  Outstanding Charges: Yes <input type="checkbox"/> No <input type="checkbox"/>                  Out of Business: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____</p>	<p><b><u>Proof Provided:</u></b>                  Blood Borne Pathogen Exposure Training Yes <input type="checkbox"/> No <input type="checkbox"/>                  Proof of Hepatitis B Vaccinations Yes <input type="checkbox"/> No <input type="checkbox"/>                  Photo ID Yes <input type="checkbox"/> No <input type="checkbox"/>                  Copies of documents obtained: Yes <input type="checkbox"/> No <input type="checkbox"/>                  ID Cards Issued Yes <input type="checkbox"/> No <input type="checkbox"/>                  Receipts Issued: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
REHS comments: _____ _____ _____	
REHS Name: _____ Signature: _____ Date: _____ Reviewed by Name: _____ Signature: _____ Date: _____	

**This form must be kept in the Applicant's and the Facility Files**

# Body Art Act

## Definitions

**Body Piercing:** means the creation of an opening in a human body for the purpose of inserting jewelry or other decoration.....

**Branding:** means the process in which a mark or marks are burned into human skin tissue with a hot iron or other instrument, with the intention of leaving a permanent scar.

**Permanent Cosmetics:** means the application of pigments in human skin tissue for the purpose of permanently changing the color or other appearance of the skin. This includes, but is not limited to permanent eyeliner, eyebrow, or lip color.

**Sponsor:** means individual or business entity including event coordinator or manager responsible for the organization of a convention, trade show, or other temporary event that includes a body art demonstration booth. A sponsor may also be a body art practitioner.

**Tattooing:** means the insertion of pigment in human skin tissue by piercing with needle.

**Temporary Body Art Facility:** a temporary demonstration booth for no more than seven days in a 90 day period. **The demonstration booth shall meet all of the following requirements of Section 119317:**

- (a) Be located within a building that has hand washing facilities with hot and cold running water, soap, and single-use paper towels to which practitioners have direct access.
- (b) Constructed with a partition of at least three feet in height separating the procedure area from the public.
- (c) Be free of insect or rodent infestation.
- (d) Used exclusively for performing body art.
- (e) Equipped with adequate light available at the level where the practitioner is performing body art.
- (f) Equipped with hand washing equipment that, at a minimum, consists of containerized liquid soap, single-use paper towels, a five-gallon or larger container of potable water accessible via spigot, and a wastewater collection and holding tank of corresponding size. Potable water shall be refilled and the holding tank evacuated at least every four procedures or every four hours, whichever occurs first.
- (g) Not allow animals within the confines of the demonstration booth.

**Vehicle (Mobile Tattoo Facility):** means a vehicle that has been fitted or designed to perform body art.

# Body Art Act

## Berkeley Municipal Code (BMC) Chapter 11.70

### **Section 11.70.030 Statutory provisions adopted.**

California Health and Safety Code, Division 104, Part 15, Chapter 7 (Laws pertaining to Body Art) are adopted as part of this code.

### **Section 11.70.040 Body Art Establishments—Permit to operate required.**

No person shall operate or cause to be operated any Body Art Establishment without obtaining a permit therefore issued by DEH.

### **Section 11.70.050 Body Art Establishments—Continuing inspection.**

Upon issuance of a permit to operate a Body Art Establishment, the Environmental Health Manager shall establish a routine inspection program for that establishment to secure compliance with all applicable ordinances, statues and regulations.

### **Section 11.70.060 Body Art Establishments—Plan filing and inspection requirements.**

No person shall begin construction, reconstruction or alteration of a Body Art Establishment without first submitting plans, specifications and such other information as may be required to determine compliance with this chapter and other applicable laws to DEH for review and written approval in advance of the issuance of any building, plumbing, or electrical permits for the facilities to be constructed, reconstructed or altered. The owner or his or her agent shall notify DEH at least one week in advance of operating.

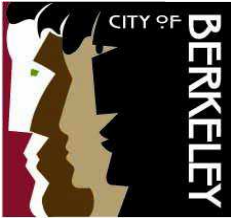
### **Section 11.70.070 Body Art Practitioner-Registration required.**

No person shall perform a body art procedure if he or she is not registered with DEH and has not paid all applicable fees. At establishments where the only Body Art procedures performed are Lower Ear Lobe Piercings, individuals that pierce the Lower Ear Lobe only using a mechanical device are not required to register as a Body Art Practitioner.

### **Section 11.70.080 Lower Ear Lobe Piercing Conditional Exemption.**

“Lower Ear Piercing” for purposes of this Chapter means a piercing of the lower fatty area of the ear that does not contain cartilage by use of a mechanical device (e.g. piercing gun) with a single use sterile stud and clasp or a single use needle. All businesses, Body Art Establishments and Practitioners who only perform Lower Ear Lobe Piercing are exempt from the requirements of this Chapter provided they comply with the following:

- A. Provide notification on a form provided by DEH on the place and manner of the operation with a required processing fee, comply with state law and provided certification of the following:
  1. The mechanical ear-piercing instrument used is made from a material that can be disinfected after every use.
  2. The mechanical ear-piercing instrument will not be used in any other part of the body at any time.
  3. The mechanical ear-piercing instrument will not be used in any other part of the body at any time.
  4. Only sterile studs and clasps are used in the mechanical ear-piercing instrument and are not to be touched by or handled with bare hands.



Health, Housing & Community Services  
Environmental Health Division

**APPLICATION FOR BODY ART OWNER/PRACTITIONER REGISTRATION**

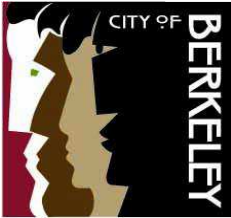
**TO PERFORM TATTOOING, BODY PIERCING, BRANDING, AND PERMANENT COSMETICS**  
Pursuant to California Health and Safety Code, Chapter 7, Sections 119306 & 119307  
and Berkeley Municipal Code Chapter 11.70

<b>Last Name:</b> _____ <b>First Name:</b> _____ <b>Middle Initial:</b> _____ <b>Applicant Mailing Address:</b> _____ <b>City/State/Zip:</b> _____ <b>Applicant Phone #:</b> ( ) _____ <b>E-mail:</b> _____ <b>Body Art Site Name (all locations):</b> _____ <b>Body Art Site Address:</b> _____ <b>City/State/Zip:</b> _____ <b>Site Phone #:</b> _____
<b>Please indicate the services you will be providing:</b> <input type="checkbox"/> Tattooing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Body Piercing <input type="checkbox"/> Branding
<b>First Time Registrant:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Identification (Age 18 or older?):</b> <input type="checkbox"/> Yes <input type="checkbox"/> N <b>Identification Type:</b> <input type="checkbox"/> Drivers' License <input type="checkbox"/> Government ID <input type="checkbox"/> Other Specify _____
<b>Hepatitis B Vaccination Documentation:</b> <input type="checkbox"/> Certification of Completed Vaccination <input type="checkbox"/> Laboratory Evidence of Immunity <input type="checkbox"/> Vaccination Declination
<b>Bloodborne Pathogen Training Proof Available:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Training Provider:</b> _____ <b>Approved Trainer :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Training Date:</b> _____

**Please note that submittal of this application does not constitute the issuance of Body Art Owner/Practitioner Registration Certificate.**

The undersigned hereby applies for a Body Art Owner/Practitioner Registration. I declare under penalty of perjury that to the best of my knowledge and belief, the information I have provided is true and accurate. I understand that to become and remain registered and eligible to provide Body Art services in the City of Berkeley, I must pay the annual registration fee established by the City under applicable law. I also agree to conform to all conditions, orders, and directions issued pursuant to the California Health and Safety code and/or City Ordinances.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
ELP1:BodyArtPermitApplication Effective: 7/1/12



Health, Housing & Community Services  
Environmental Health Division

**BODY ART OWNER/PRACTITIONER PROOF OF EXPERIENCE LETTER**

Article 3, Section 119306 of the Safe Body Art Act requires as a condition of registration, that first-time registrants provide documentation experiencing a minimum of six months of related experience. The local enforcement agency may require documentation that includes, but is not limited to dates, type and location of work, and the name and contact information of the registrant's supervisor of supervisors.

**The section must be completed by Body Art Owner/Practitioner Applicant**

This section must be completed by the Supervisor, Trainer, or Qualified Witness verifying and applicant's experience:

Last Name: _____		First: _____		Middle: _____		Phone #: _____	
Mailing Address : _____						E-mail: _____	
Body Art Owner/Practitioner Registration # _____				Body Art Facility Name: _____			
Body Art Facility _____				Record # _____			

**Dates and times which you are verifying as the applicant's experience practicing Body Art**

From: _____	To: _____	From: _____	To: _____	From: _____	To: _____
Times: _____	Times: _____	Times: _____	Times: _____	Times: _____	Times: _____
From: _____	To: _____	From: _____	To: _____	From: _____	To: _____
Times: _____	Times: _____	Times: _____	Times: _____	Times: _____	Times: _____

Additional Comments regarding your Experience: \_\_\_\_\_  
\_\_\_\_\_

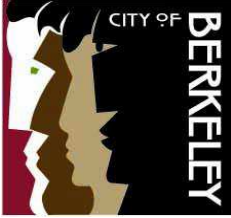
I verify that Mr/Ms/Mrs Name: \_\_\_\_\_ has experience practicing body art at a health-regulated business located at address: \_\_\_\_\_ for the purpose of gaining experience to become a body art practitioner . I declare under penalty of perjury that the best of my knowledge and belief the statements made herein are correct and true.

Supervisor/Trainer/Witness Name (Print): \_\_\_\_\_

Supervisor/Trainer/Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>Approved by:</b> _____	<b>Approval Date:</b> _____	<b>Record ID:</b> _____
:BodyArtPermitApplication		Effective: 7/1/12



Health, Housing & Community Services  
Environmental Health Division

### Mechanical Stud and Clasp Ear Piercing Notification

Completion of this form will constitute compliance with the California Health and Safety Code, Chapter 1, Article 7, Section 119325. It is not intended in full or in part to fulfill requirements for Registered Body Artists or Facilities as set forth in Section 119300 through 119324 of the California Safe Body Art Act.

**Please see reverse side for sanitation, jewelry, practitioner, and notification requirements.**

Owner's Name(s):		
Mailing Address:		
Business Phone:	Other Phone:	Fax:
Business Name (DBA):		

List addresses of all business locations within City of Berkeley that you will be operating AND the contact name and phone number for the person responsible for compliance at each location. Attach additional sheets as needed:

Location #1: _____ Contact Name: _____ Phone: _____
Location #2: _____ Contact Name: _____ Phone: _____
Location #3: _____ Contact Name: _____ Phone: _____

The Mechanical Stud and Clasp Ear Piercing (MS&CEP) will be conducted in compliance with requirements of Article 7 of the Safe Body Art Act and Berkeley Municipal Code (BMC) Chapter 11.70. Please advise the Division of Environmental Health of changes in business activity, owner's name, billing address, or contact information for responsible party.

<u>Signature(s)</u>	<u>Print Name &amp; Title</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**For Office Use Only**

Fees: _____	Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Date: _____	Receipt Provided: _____
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## **Mechanical Stud and Clasp Ear Piercing Notification-Summary**

The following is a summary of pertinent sections of the California Safe Body Art Act and Berkeley Municipal Cod (BMC) for Mechanical Stud and Clasp Ear Piercing facilities. Please note this summary is applicable **ONLY** for piercing ears with a single-use, pre-sterilized stud and clasp device. Piercing of any other part of the body and/or using any other type of manual or automatic device must fulfill additional practitioner registration and facility permit requirements not contained in this document or Notification Form.

California Health and Safety Code, Chapter 1, Article 7, Sections 119325 & 119326 (excerpted) and BMC Chapter 11.70 Sections 11.70.070 & 11.70.080 referenced in the definition of the Registration Form-002-12.

### **Section 119325:**

- (b) The area within a facility where mechanical stud and clasp ear piercing is conducted shall be safe and sanitary and shall not constitute a threat to the public health and safety, as reasonably determined by the local enforcement agency.
- (c) Mechanical stud and clasp device shall be single-use, presterilized, stud and clasp only.
- (d) The single-use stud and clasp device used to pierce and ear pursuant to this article shall meet all of the jewelry requirements in subdivisions (a) and (b) of Section 119310.

### **Section 119310:**

- (a) jewelry shall be sterilized or purchased presterilized. Sterilized packs shall be evaluated before use and if packaging is found to be compromised (including including but not limited to being torn, wet, or punctured), discarded or reprocessed before use.
- (b) Jewelry must meet the following standards, or made of other materials found to be equally biocompatible:
  - ASTM F138, ISO 5832-1, and AISI 316L or AISI 316LVM implant grade stainless steel
  - Solid 14-karat through 18-karat yellow or white gold
  - Niobium, ASTM F 136 6A4V titanium, platinum

### **Section 119326:**

- (a) The local enforcement agency may require a facility that provides mechanical stud and clasp ear piercing services to submit a notification form (provided by agency) including:
  - (1) The address of all facilities where service will be performed...
  - (2) A statement that the MSCEP will be conducted in compliance with the requirements of this article...
  - (3) The contact information for the person responsible for compliance with this article...

### **Section 119327:**

- (a) A person piercing an ear with a mechanical stud and clasp piercing device shall meet the following requirements before providing the mechanical stud and clasp piercing services:
  - (1) Is at least 18 years of age.
  - (2) Received one hour of training that covers all of the following topics:
    - (A) Proper use of the mechanical stud and clasp device.
    - (B) Types of bloodborne pathogens and the prevention of the transmission of bloodborne communicable diseases.
    - (C) Proper hand hygiene.
    - (D) The safe and sanitary use of single-use equipment, including, but not limited to, gloves, towels, and disinfectant wipes.
  - (3) If the person will also be piercing the cartilage of the upper ear, that person shall also receive training on proper techniques for this type of piercing.

## **VOLUNTARY HEPATITIS B VACCINATION PROCEDURES**

### **EMPLOYEES' PROCEDURES**

- a. Arrange the vaccination with your health care provider.
- b. The vaccination is given at no cost to the employee (no deductible or co-payment); voluntary vaccinations may be obtained during work hours.
- c. After each injection, the doctor or nurse will complete a vaccination record for you. The department requires proof within one year from the date on the intent form.
- d. Upon completing the HBV series of three (3) injections, send the completed vaccination record to designated department.
- e. Employees are responsible for making a copy for their records.
- f. If the vaccination series of three injections were started but not completed, the employee shall send the incomplete vaccination card to designated department with a signed Declination form.
- g. If an employee initially declines the HBV vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the vaccination shall then be made available.

## **VOLUNTARY HEPATITIS B VACCINATION PROCEDURES**

### **\*EMPLOYERS'/ SUPERVISOR PROCEDURES WITH EMPLOYEES**

1. Supervisor shall provide the following to all new employees within 10 working days of initial assignment to a job where occupational exposure may take place:
2. Employers are required to make available the Hepatitis B vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident. The vaccination is at no cost to employees and employees may obtain the vaccination during work hours.
3. Employer must arrange with health care providers to provide the HBV vaccination at no cost to the employee.
4. Conduct training addressing the Bloodborne Pathogens Standard (general explanation of epidemiology, HBV vaccination, at-risk employees, methods of transmission, procedures of universal precautions and the Exposure Control Plan).

## ***Statement of Intent to Obtain Hepatitis B Vaccine***

I have received the risks/benefit sheet about Hepatitis B vaccine and have had the opportunity to review that information. I understand that, although the vaccine has been shown to be very effective, complete protection cannot be guaranteed. I understand that the vaccine is given as a series of three injections and that I should receive all three.

**I wish to receive the Hepatitis B vaccine and will contact my plan provider.**

I have received a copy of the Exposure Control Plan. I have been advised of the availability of Personal Protective Equipment.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Job Classification:** \_\_\_\_\_

## ***Statement of Declination to Receive Hepatitis B Vaccination,***

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself.

However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

**I have reviewed information about my risk related to Hepatitis B and the vaccine, and I do not wish to receive the Hepatitis B vaccine.**

I have received a copy of the Exposure Control Plan.  
I have been advised of the availability of Personal Protective Equipment.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Job Classification:** \_\_\_\_\_

***Statement of Declination to  
Receive Hepatitis B Vaccination,  
Vaccination Already Received***

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself.

**I have already received my Hepatitis B vaccination.**

**Employer Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Department/Unit:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Date of Vaccination:** \_\_\_\_\_

I have received a copy of the Exposure Control Plan.

I have been advised of the availability of Personal Protective Equipment.

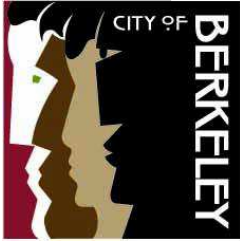
**Employee's Name:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

**Department/Unit:** \_\_\_\_\_

**Job Classification:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_



Health, Housing & Community Services  
Environmental Health Division

## **Safe Body Art Act (SBAA) Checklist**

### **A. Form:**

- Completed & Signed Application **(Must Complete Form # 002-12)**
- Facility Owner/Operator/Contractor (circle one)
- Practitioner

### **B. Type of Body Art Facility:**

- Permanent
- Temporary (within a building only) not to exceed 7 days
- Mobile Facility (vehicle)
- Sponsor
- Coordinator

### **C. Type of Service Provided:**

- Tattooing
- Body piercing
- Permanent Cosmetics
- Branding
- Mechanical Stud and Clasp Ear Piercing (MS&CEP)
- Other

### **D. Fees:**

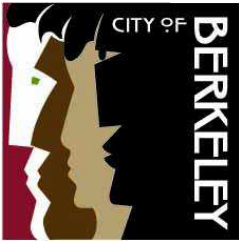
- Registration fees
- Notification Fees for MS&CEP
- Other fees

### **E. Identification documents:**

- Photo Identification
- Proof of Blood borne Exposure Training
- Proof of Hepatitis Vaccination
- 

**Comments:** \_\_\_\_\_

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# BODY ART HEALTH PERMIT APPLICATION

Health, Housing & Community Services  
Environmental Health Division

MR Customer ID # _____
Category Code #: _____
Facility #: _____

Name of Facility or Sponsoring Organization:		Effective Date:
Facility Address:		Facility Phone:
Facility Owner or Proprietor:	Home Phone:	Cell Phone:
	Email:	
Home Address or Central Office:		City/State/Zip:
Owner or Agent of Building:	Building Agent's Address:	Phone:

Census Tract: \_\_\_\_\_

Type of Permit:

1. New

2. Established

3. Temporary

Type of Change:

1. New

2. Proprietor

3. Name and Proprietor

4. Other

5. Not Applicable

<b>Type of Facility:</b>		
Permanent	Mobile	Temporary
<b>Type of Service:</b>		
<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Other
<input type="checkbox"/> Branding	<input type="checkbox"/> Permanent Cosmetics	
<b>Type of Fees: Non-refundable</b>		<u>List of Practitioners</u>
<input type="checkbox"/> Health Permit	<input type="checkbox"/> Practitioner	1 - 5
<input type="checkbox"/> Facility Owner/Contractor		6 - 10
		11 and above
<b>Proof of Certificate and Training:</b>		
<input type="checkbox"/> Hepatitis B Vaccination	<input type="checkbox"/> Blood Borne Pathogen Exposure	
<input type="checkbox"/> Experience and Training	<input type="checkbox"/> Photo ID	

**PERMIT FEE**

Annual Fee: \_\_\_\_\_

Prorated Fee: \_\_\_\_\_

Processing Fee: \_\_\_\_\_

Total: \_\_\_\_\_

Paid: Cash \_\_\_\_\_

Check # \_\_\_\_\_

### For Office Use Only

<u>ALL BUSINESSES</u>	<u>FOR ESTABLISHED BUSINESS ONLY</u>	Write Former Listings For
<p><b>Check One Box</b></p> <p><input type="checkbox"/> Established Business</p> <p><input type="checkbox"/> New Business</p>	<p><b>Check Boxes Indicating Changes</b></p> <p><input type="checkbox"/> Change of Facility Name</p> <p><input type="checkbox"/> Change of Proprietor</p> <p><input type="checkbox"/> Change of Name and Proprietor</p> <p><input type="checkbox"/> Other</p>	<p><b>Any Changes Scheduled</b></p> <p>_____</p>

Remarks: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_ Registered Environmental Health Specialist (REHS): \_\_\_\_\_

ELP1:BodyArtPermitApplication

Effective: 7/1/12



**IDENTIFICATION CARD:**

<b>Driver's License: Copy</b>	
<b>Date Issued:</b>	<b>Date Expires:</b>
<b>HEP B:</b>	<b>Type: Operator Practitioner Contractor</b>