



Environmental Health ❖ 625 5th Street, Santa Rosa, CA 95404 ❖ 707-565-6565 ❖ EH@sonoma-county.org

<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

BODY ART FACILITY PERMIT APPLICATION

Pursuant to California Health and Safety Code, Chapter 7, commencing with Section 119300 a body art facility shall not conduct business without a valid health permit.

Original application Renewal Updating Practitioners For Records Only

Business Name _____ Phone _____

Address _____ Ste # _____

City _____ Zip _____ Email Address _____

Facility Owner Name (s) _____ Phone _____

Mailing Address _____ Ste # _____

City _____ State _____ Zip _____ Email Address _____

Services provided in this facility (check all that apply): Tattoo Body Piercing Permanent Cosmetics Branding Temporary Event

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 to this office.)

Practitioner Name (Use back of page if needed)	Mailing Address

Square Footage of Facility Interior _____ Permit Fee Due \$ _____

Additional Plan Review Hrs. Due _____ Hrs. at \$ _____ per Hour Total Plan Review Fee Due \$ _____

Total Fee Due \$ _____

The following items may be required to complete the application process:

1. A Copy of the facility's Infection Prevention Control Plan as required by the California Health and Safety Code, Section 119313, is required if you are applying for a permit for the first time.
2. Plans must be submitted for new construction or remodel of the facility.

I declare, that to the best of my knowledge, the information I have provided is true and accurate. I also agree to conform to all conditions, orders, 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 Sonoma County Department of Health Services. **I also agree to notify this office within 30 days of any changes in the above information. The permit shall be posted in a conspicuous place within the facility.**

Print Name/Title _____ Signature _____ Date _____

Print Name/Title _____ Signature _____ Date _____

For office use only:

PE _____ PR# _____ District _____ Issue Permit _____ Approved by _____

Cash Check/Credit Card Trans# _____ Date Rec'd _____ by _____ Amount Rec'd \$ _____