



County of Yolo

COMMUNITY SERVICES DEPARTMENT

Environmental Health Division

292 W. Beamer Street, Woodland, CA 95695

PHONE - (530) 666-8646 FAX - (530) 669-1448

PUBLIC HEALTH PERMIT APPLICATION FOR BODY ART FACILITY

NAME OF ESTABLISHMENT (DBA) _____

SITE ADDRESS _____ CITY _____ STATE _____ ZIP _____

SITE PHONE _____ FAX NUMBER _____ EMAIL _____

TYPE OF SERVICE: TATTOO _____ BODY PIERCING _____ PERMANENT COSMETICS _____ BRANDING _____

NEW _____ EXISTING _____ CHANGE OF OWNERSHIP _____ FACILITY INFORMATION UPDATE _____

OWNER NAME(S) _____

OWNERSHIP STATUS OF ABOVE: Sole Proprietor Partnership Corporation LLC

LIST ALL OWNERS, PARTNERS, ETC. (please attach additional page of owner information to this application if necessary):

OWNER NAME _____ OWNER NAME _____

BUSINESS/HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ HOME/EMERGENCY CONTACT PHONE _____

BILLING INFORMATION / NAME OF CONTACT _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

BILLING PHONE _____ BILLING FAX NUMBER _____

Copy of the Infection Prevention Control Plan submitted with the application? _____

Note: Must submit copy of Infection Prevention Control Plan per California Health & Safety Code, Chapter 7, Article 4, Section 119312(b)(1)

In compliance with California Health & Safety Code, Chapter 7, Article 4, Section 119312, I hereby make this application for a Public Health permit for the above stated establishment/business.

I understand this permit is NON-REFUNDABLE and NON-TRANSFERABLE to a new owner or a new location.

APPLICANT'S SIGNATURE _____ **TITLE** _____

PRINTED NAME _____ **DATE** _____

FOR OFFICE USE ONLY	Approved By	Permit #
Amount Paid Date	Date Approved	FA #
Check Number <input type="checkbox"/> Credit <input type="checkbox"/> Cash	Condition of Approval	PE #
Receipt Number	Date of opening:	Closing business date & initial: