



# County of Yolo

## DEPARTMENT OF COMMUNITY SERVICES

### Environmental Health Division

292 W. Beamer Street, Woodland, CA 95695  
Phone (530) 666-8646 | Ehealth@yolocounty.gov

For Office Use Only

FA: \_\_\_\_\_

PE: \_\_\_\_\_

SR #: \_\_\_\_\_

Fees Paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Chk/CC: \_\_\_\_\_

## BODY ART FACILITY PLAN CHECK APPLICATION

(Please reference the Body Art Plan Check Guide when completing and submitting your documents to ensure compliance with all rules and regulations)

### Applicant Information:

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_  
City State Zip

Name of Proposed Body Art Facility: \_\_\_\_\_

Business Address: \_\_\_\_\_  
City State Zip

Check all services performed: Body Piercing  Tattooing  Permanent Cosmetics  Branding

Facility Square Footage: \_\_\_\_\_ Number of stations or procedure areas: \_\_\_\_\_

Contact for plans: (check if same as above)

Contact Name: \_\_\_\_\_ Title/Company: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### **Submit the following information with this form:**

1. A detailed facility site map (*see an example in the Body Art Plan Check Guide*). Plans must be legible and large enough to contain legends and comments for all items contained in this document. Minimum paper size of 11" x 17" drawn to scale. Larger facilities may need to use 18" x 24" paper.
2. A copy of your Body Art Facility Infection Prevention and Control Plan.
3. A copy of your Informed Consent form.
4. A copy of your Health Questionnaire.

***\*The body art facility health permit will be issued after plan approval, passing of facility inspection(s), and payment of all fees.***

**I acknowledge that I am responsible for obtaining all permits and meeting all requirements needed to complete the work approved per this application.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_