



## APPLICATION FOR HEALTH PERMIT: BODY ART FACILITY

(Please print clearly, using BLUE or BLACK ink ONLY)

TYPE OF APPLICATION <i>(Check one per site)</i>				
<input type="checkbox"/> Change of Ownership		<input type="checkbox"/> Update Record		<input type="checkbox"/> New Facility <i>(Requires plan submittal)</i>
CHECK ALL PROCEDURES THAT WILL BE PERFORMED				
<input type="checkbox"/> Tattooing		<input type="checkbox"/> Branding		<input type="checkbox"/> Permanent Cosmetics
<input type="checkbox"/> Body Piercing				
FACILITY INFORMATION				
First Date of Operation:		Former Facility Name (if applicable):		
Facility Name:			Care Of:	
Address:			City:	State: ZIP:
Phone Number:		Fax Number:		Hours of Operation:
Email Address:		Website:		Days of Operation:
LEGAL OWNER INFORMATION				
Owner Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company/Partnership <input type="checkbox"/> Non-Profit				
Owner Name <small>As it appears on the attached ownership document(s):</small>				Phone Number:
Owner Address:			City:	State: ZIP:
Emergency Contact:			Emergency Phone Number:	
BILLING INFORMATION				
Mail To:			Care Of:	
Address:			City:	State: ZIP:
<p><b>A copy of your Body Art Facility Infection Prevention and Control Plan must be submitted with this application.</b></p> <p><b>Will the owner be performing body art practitioner activities?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I HEREBY SUBMIT AN APPLICATION FOR A HEALTH PERMIT to establish and/or operate the above mentioned business, use, or services in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force pertaining to the above mentioned business. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.</p> <p>I understand that any person who conducts body art activities to a person under the age of 18 years is guilty of a misdemeanor, unless the PIERCING is performed in the presence of his or her parent or guardian.</p> <p>I shall notify the City of Pasadena Public Health Department Environmental Health Division in writing if I transfer ownership, discontinue operation, or change billing address. Failure to do so may result in obligation to pay health services fees and additional penalties.</p>				
Signature:			Date:	
Print Name:			Title:	
<input type="checkbox"/> I have attached the required ownership documents including my driver's license and Articles of Incorporation or Limited Liability Documents (if applicable).				

DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY				
Approved:	Date:	PE Number:	BC:	RC:
	Fee:	EHS Signature:		
	Amount Paid:			