



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY**

Trisha Tillotson, Agency Director

ENVIRONMENTAL HEALTH DEPARTMENT

Amy Irani, REHS, Department Director

950 MAIDU AVENUE, SUITE #170
P.O. Box 599002
NEVADA CITY, CA 95959

PH: (530) 265-1222
FAX: (530) 470-2939

Env.Health@co.nevada.ca.us http://
mynevadacounty.com

**BODY ART PRACTITIONER
APPLICATION FOR REGISTRATION**

Applicant Name: (Last, Middle Initial, First) _____

Applicant Mailing Address: (Street, City, Zip) _____

Applicant Home Address: (Street, City, Zip) _____

Applicant Phone No. _____ **Email:** _____

Body Art Site Name (All Locations): _____

Body Art Site Address: (Street, City, Zip) _____

**Provide a letter from the owner of the body art facility stating that the
applicant will be performing body art at their permitted facility**

Please indicate the services you will be providing: Tattooing Permanent Cosmetics Body Piercing Branding

First Time Registrant? YES NO **Identification:** Age 18 or older? YES NO

Identification Type (provide copy): Driver's License Government ID Other: _____

Hepatitis B Vaccination Documentation (provide copy):

Certification of Completed Vaccination Laboratory Evidence of Immunity Vaccination Declination

Bloodborne Pathogen Training Proof Available (provide copy of certificate): YES NO

Training Provider: _____ Approved Trainer: YES NO Exp. Date: _____

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

The undersigned hereby applies for a Body Art 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 Nevada County, I must pay the annual registration fee established by the County under applicable law. I also agree to conform to all conditions, orders, and directions issued pursuant to the California Health and Safety Code and all applicable County and City Ordinances. I will inform the Environmental Health Department of any changes in business activity, owner name, mailing and business address or contact information.

PRINT NAME

SIGNATURE

DATE

OFFICE USE ONLY

PE 1701 / 1704

FEE: \$97.86

COMMENTS: _____

APPROVED

NOT APPROVED

By: _____

Date: _____



COUNTY OF NEVADA
Environmental Health Department
 950 Maidu Ave., Ste. #170, CA 95959-8617
 (530) 265-1222 x3 - FAX (530) 470-2939
<http://www.mynevadacounty.com>

AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay* form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.mynevadacounty.com>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:

Invoices and/or notices to be mailed to:

APN: _____	Name: _____
Property Owner/Business Name (if applicable): _____	Address: _____
Address: _____	
	Telephone: _____
Email: _____	Email: _____

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: _____

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

_____ Dated: _____ CDL# _____
 Signature
 _____ Tel #: _____
 Printed Name

THIS SECTION FOR OFFICE USE ONLY

Service: _____ Program: _____ Job No: _____
 Check #: _____ Project File #: _____ Billing Code: _____
 Amount Collected: \$ _____ Receipt #: _____ Date of Receipt: _____

Service: _____ Program: _____ Job No: _____
 DPW #: _____ Project File #: _____ Billing Code: _____
 Amount Collected: \$ _____ Receipt #: _____ Date of Receipt: _____