



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY**

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ENVIRONMENTAL HEALTH DEPARTMENT

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http://mynevadacounty.com

BODY ART FACILITY

APPLICATION FOR PERMIT TO OPERATE

TYPE OF SERVICE: Check all that apply.

TATTOO BODY PIERCING PERMANENT COSMETICS BRANDING

TYPE OF PERMIT:

	FEE	PE
<input type="checkbox"/> BODY ART FACILITY PERMIT	\$362.84	1702
<input type="checkbox"/> PERMANENT MAKEUP FACILITY (1 ROOM)	\$181.42	1705
<input type="checkbox"/> PERMANENT MAKEUP FACILITY (MULTIPLE ROOMS)	\$362.84	1706

FACILITY	Name of Facility: _____	Facility No. _____
	Address: _____	
	Email Address: _____	Phone No. _____
	Is your facility within city/town boundaries?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES: You will need municipal approval with application.
	Is your facility in the unincorporated area of the County?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES: You will need Planning Dept. approval with application.
	Are you a facility owner and practitioner?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you registered as a practitioner in Nevada County?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If YES, please provide your registration number here: PR No. _____	
	REQUIRED PERMIT APPLICATION DOCUMENTATION: Submit the below information with this application.	
	<input type="checkbox"/> Infection Prevention and Control Plan (IPCP). Submit facility's IPCP with application.	
	<input type="checkbox"/> Submit the eight (8) items from the Plan Check List (Part A) for Body Art Facilities with application.	

OWNER	Owner Name: _____	Phone No. _____
	Address: _____	
	Email: _____	Date of Birth: _____ (must be 18 or older)
	Billing Address: _____	
	REQUIRED PERMIT APPLICATION DOCUMENTATION: Submit the below information with this application.	
	<input type="checkbox"/> Hepatitis B Vaccination / Immunity / Contraindicated / Declination	<input type="checkbox"/> Government Photo ID
<input type="checkbox"/> BBP Training Certification – Exp. Date: ____/____/____	<input type="checkbox"/> Driver's License No. _____	
(Submit certification consistent with OSHA and AB300)		

I hereby certify that all statements made in this application are true and correct. I agree to operate in accordance with all applicable state and local regulations regarding body art (AB 300) and body art facilities. I agree to maintain a current Infection Prevention and Control Plan (AB 300, 119312-119316). I will inform the Environmental Health Department of any changes of business activity, owner name, mailing and business address or contact information. I understand I must be inspected and pay an annual permit fee.

SIGNATURE

DATE

OFFICE USE ONLY

Amount Paid: _____ Date: _____ EH Receipt No. _____ PR No. _____

APPROVED NOT APPROVED, Reason: _____

By: _____, REHS Date: _____

Comments: _____