



**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) \_\_\_\_\_

**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.

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

**OFFICE USE ONLY**

PE 1701 / 1704

FEE: \$97.86

COMMENTS: \_\_\_\_\_

Approved  Not Approved Reason: \_\_\_\_\_

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



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### PRACTITIONER LOCATION OF OPERATION AGREEMENT

Section 119306(a) of the California Safe Body Art Act states that a person shall not perform body art at any location other than a permitted permanent or temporary body art facility.

**THIS LETTER MUST BE RENEWED ANNUALLY BY THE BODY ART PRACTITIONER**

#### THIS SECTION TO BE COMPLETED BY THE BODY ART PRACTITIONER

Practitioner Name: \_\_\_\_\_ FA/PR Number: \_\_\_\_\_

Practitioner Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

#### THIS SECTION TO BE COMPLETED BY THE BODY ART FACILITY OWNER

The above Body Art Practitioner has my permission to use my permitted Body Art Facility (listed below) FOR THE PURPOSES OF ESTABLISHING A LOCATION FOR PERFORMING BODY ART.

I will notify the Department of Environmental Health if the above Body Art Practitioner is no longer practicing body art at my permitted facility.

Facility Name: \_\_\_\_\_ FA/PR Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Permit Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Print

Email: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only

##### Verification of Facility

Permit Year: \_\_\_\_\_ Certificate of Operation Current:  Yes  No

Comments: \_\_\_\_\_

Approved  Not Approved Reason: \_\_\_\_\_

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