



Department of Resource Management

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OFFICIAL USE ONLY

SITE # _____ - B
Date _____
Amt pd. _____
Rcpt# _____
REHS Verified _____

BODY ART APPLICATION FOR PERMIT TO OPERATE

I. TYPE OF PERMIT: Check all that apply.

Annual Body Art Facility Permit Annual Body Art Practitioner Registration Annual Body Art Vehicle Permit
FEE: \$227.00 FEE: \$113.00 FEE: \$227.00

II. PROCEDURES TO BE PERFORMED: Check all that apply.

Tattooing Body Piercing Permanent Cosmetics Branding

Note: Only the above procedures will be permitted in Solano County

III. APPLICANT INFORMATION:

Name: _____ Business Phone: _____ Home Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

BODY ART PRACTITIONER to fill out

Date of Birth (Must Be 18 or Older): _____

Identification Type (Attach a Copy to Application): DRIVER'S LICENSE IDENTIFICATION CARD

Bloodborne Pathogen Training: Attach a Copy of the Certificate to Application

Date Completed: _____ Training Provided by: _____

Hepatitis B Vaccination Status: Choose One and Attach a Copy to Application

- 1 Certification of Completed Vaccination
- 2 Vaccination declination
- 3 Laboratory Evidence of Immunity
- 4 Contraindicated for Medical Reasons

Facility where Body Art Services Will Be Provided:

Facility Name: _____ Owner's Name : _____
Facility Phone #: _____ Owner's Signature: _____
Facility Address: _____

The undersigned hereby applies for a Body Art Facility Permit and/or Practitioner Registration and agrees to operate in accordance with all applicable state requirements governing safe body art practices.

I certify that to the best of my knowledge and belief the statements made herein are true and correct.

Print Name: _____ Sign Name: _____ Date: _____