



Department of Resource Management

675 TEXAS STREET, SUITE 5500
FAIRFIELD, CALIFORNIA 94533
(707) 784-6765 Fax (707) 784-4805
www.solanocounty.com

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 FEE: \$224.00
[ ] Annual Body Art Practitioner Registration FEE: \$112.00
[ ] Annual Body Art Vehicle Permit FEE: \$224.00

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 3. [ ] Laboratory Evidence of Immunity
2 [ ] Vaccination declination 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: \_\_\_\_\_