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: $192.00**

☐ Annual Body Art Practitioner Registration **FEE: $96.00**

☐ Annual Body Art Vehicle Permit **FEE: $192.00**

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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

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III. APPLICANT INFORMATION:

Name; _____ Business Phone: _____ Home Phone: _____

Mailing Address: _____

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

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Is the Business Owner a Body Art Practitioner? Yes____ No____ If yes, please complete the Body Art Practitioner section below.

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 Address: Facility Phone #:
☐ **Previously Registered in Solano County, or** ☐ **First time registration application for Solano County.** Evidence of Six-months of Related Experience Facility Name: Owner's Name/Phone #: Address: Month/Year To Month/Year:

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:_____