



# County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH  
FOOD AND HOUSING DIVISION  
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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**

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

Practitioner Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

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

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

### II) 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: \_\_\_\_\_ Health Permit Number: \_\_\_\_\_

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

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

Print

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

### OFFICE USE ONLY

#### VERIFICATION OF FACILITY

Vending Year: 20 Other Agency – Copy of Current Health Permit:  Yes  No  N/A

Verified By (initials): \_\_\_\_\_ Date of Approval: \_\_\_\_\_