County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH
FOOD AND HOUSING DIVISION
APPLICATION FOR BODY ART HEALTH PERMIT

www.sdcdeh.org **Permit Desk (858) 505-6700**

PLEASE NOTE SUBMITTAL OF THIS APPLICATION DOES NOT CONSTITUTE THE ISSUANCE OF A HEALTH PERMIT.
A HEALTH PERMIT IS REQUIRED PRIOR TO OPERATION**.**

(For office use only)
PERMIT TYPE_____ PERMIT NUMBER_____ UNITS_____CT. _____ ANNUAL FEE _____

1. NAME OF BODY ARTIST_____ PROFESSIONAL NAME/A.K.A._____

2. SITE ADDRESS _____
Street Number Street Name City Zip Code

3. SITE OWNER NAME/S (Print)_____ SITE PHONE (_____)_____

4. SITE NAME (SHOP NAME) _____ FAX NUMBER (_____)_____

5. MAILING ADDRESS / BILLING ADDRESS (If different from site address)

_____
Street Number/ Street Name/ Apt Number **OR** P.O. Box Number City State Zip Code

6. ARTIST CONTACT PHONE: (_____)_____

7. BODY ARTIST REGISTRATION #_____ 8. DRIVER'S LICENSE #_____

9. BIRTHDATE: _____ 10. EMAIL_____ _____

11. REASON FOR APPLICATION (Check one):	12. INDICATE SERVICE(S) YOU WILL PROVIDE:
New ☐ Change of Location ☐ Other ☐	Tattooing ☐ Body Piercing ☐ Permanent Cosmetics ☐

Applicable fees, payable to the County of San Diego, must accompany this application.

I declare under penalty of perjury that to the best of my knowledge and belief, the statements made herein are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this permit and the operation of this business.

Print Name _____

Signature _____ Date _____

MAIL PERMIT APPLICATION AND FEE TO**:**
Department of Environmental Health
Food and Housing Division
PO BOX 129261
San Diego, CA 92112-9261

IN PERSON,
SUBMIT PERMIT APPLICATION AND FEE TO**:**
Department of Environmental Health
5500 Overland Av #170
San Diego, CA 92123