



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 _____

<p>11. REASON FOR APPLICATION (Check one):</p> <p>New <input type="checkbox"/> Change of Location <input type="checkbox"/> Other <input type="checkbox"/></p>	<p>12. INDICATE SERVICE(S) YOU WILL PROVIDE:</p> <p>Tattooing <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/></p>
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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