



BODY ART PRACTITIONER REGISTRATION APPLICATION

Applicant Name: (Last, Middle Initial, First)
Applicant Mailing Address: (Street, City, Zip)
Applicant Home Address: (Street, City, Zip)
Applicant Phone No. Email:
Body Art Site Name (All Locations):
Body Art Site Address: (Street, City, Zip)

Please indicate the services you will be providing: Tattooing Permanent Cosmetics Body Piercing Branding
First Time Registrant? YES NO Identification: Age 18 or older? YES NO
Identification Type (provide copy): Driver's License Government ID Other:
Hepatitis B Vaccination Documentation (provide copy): Certification of Completed Vaccination Laboratory Evidence of Immunity Vaccination Declination
Bloodborne Pathogen Training Proof Available (provide copy of certificate): YES NO
Training Provider: Approved Trainer: YES NO Exp. Date:

Please note that submittal of this application does not constitute the issuance of a Body Art Practitioner Registration Certificate.
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. Please submit the Practitioner Operational Agreement with this form.

The undersigned hereby applies for a Body Art Practitioner Registration. I declare under penalty of perjury that to the best of my knowledge and belief, the information I have provided is true and accurate. I understand that to become and remain registered and eligible to provide Body Art services in Nevada County, I must pay the annual registration fee established by the County under applicable law. I also agree to conform to all conditions, orders, and directions issued pursuant to the California Health and Safety Code and all applicable County and City Ordinances. I will inform the Environmental Health Department of any changes in business activity, owner name, mailing and business address or contact information.

Signature: Print: Date:

OFFICE USE ONLY
PE 1701 / 1704
FEE: \$103.70
COMMENTS:
Approved Not Approved Reason:
Signature: Print: Date:



## BODY ART FACILITY AND PRACTITIONER 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**

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

Practitioner Name: \_\_\_\_\_ FA/PR Number: \_\_\_\_\_

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

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

### 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: \_\_\_\_\_ FA/PR Number: \_\_\_\_\_

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

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

Print

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

#### Office Use Only

##### Verification of Facility

Permit Year: \_\_\_\_\_ Certificate of Operation Current:  Yes  No

Comments: \_\_\_\_\_

Approved  Not Approved Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_



Community Development Agency
Environmental Health

Env.Health@nevadacountyca.gov
www.nevadacountyca.gov/eh

950 Maidu Avenue, Suite 170
PO BOX 599002
Nevada City, CA 95959-7902

PH: (530) 265-1222 ext. 3
FAX: (530) 265-9854

AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This Agreement To Pay form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at http://www.mynevadacounty.com

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty

(30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:

Invoices and/or notices to be mailed to:

Table with 2 columns: Site Information and Invoices and/or notices to be mailed to. Rows include APN, Property Owner/Business Name, Address, Telephone, and Email.

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project:

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

Signature Date: CDL#
Print Name Tel #:

**THIS SECTION FOR OFFICE USE ONLY**

Service: \_\_\_\_\_ Program: \_\_\_\_\_ Job No: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

Service: \_\_\_\_\_ Program: \_\_\_\_\_ Job No: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

*Printed on Recycled Paper*

---