# COUNTY OF NEVADA
## COMMUNITY DEVELOPMENT AGENCY
**Trisha Tillotson, Agency Director**

## ENVIRONMENTAL HEALTH DEPARTMENT
**Amy Irani, *REHS***, Department Director

**950 MAIDU AVENUE, SUITE #170**
**P.O. Box 599002**
**NEVADA CITY, CA 95959**

**PH**: (530) 265-1222
**FAX**: (530) 470-2939

*Env.Health@co.nevada.ca.us*
*http://mynevadacounty.com*


# BODY ART FACILITY

## APPLICATION FOR PERMIT TO OPERATE

**TYPE OF SERVICE:** *Check all that apply.*

☐ TATTOO ☐ BODY PIERCING ☐ PERMANENT COSMETICS ☐ BRANDING

| TYPE OF PERMIT: | FEE | PE |
|---|---|---|
| ☐ BODY ART FACILITY PERMIT | $391.44 | 1702 |
| ☐ PERMANENT MAKEUP FACILITY (1 ROOM) | $195.72 | 1705 |
| ☐ PERMANENT MAKEUP FACILITY (MULTIPLE ROOMS) | $391.44 | 1706 |

**FACILITY**

Name of Facility: _____

Address: _____

Email Address: _____ Phone No. _____

Is your facility within city/town boundaries? ☐ YES ☐ NO If YES: You will need municipal approval with application.
Is your facility in the unincorporated area of the County? ☐ YES ☐ NO If YES: You will need Planning Dept. approval with application.
Are you a facility owner and practitioner? ☐ YES ☐ NO
Are you registered as a practitioner in Nevada County? ☐ YES ☐ NO
If YES, please provide your registration number here: **PR No.** _____

**REQUIRED PERMIT APPLICATION DOCUMENTATION:** *Submit the below information with this application.*

☐ Infection Prevention and Control Plan (IPCP). Submit facility's IPCP with application.
☐ Submit the items from the Plan Check List for Body Art Facilities with application.

**OWNER**

Owner Name: _____ Phone No. _____

Address: _____

Email: _____ Date of Birth: _____ (must be 18 or older)

Billing Address: _____

*I hereby certify that all statements made in this application are true and correct. I agree to operate in accordance with all applicable state and local regulations regarding body art (AB 300) and body art facilities. I agree to maintain a current Infection Prevention and Control Plan (AB 300, 119312-119316). I will inform the Environmental Health Department of any changes of business activity, owner name, mailing and business address or contact information. I understand I must be inspected and pay an annual permit fee.*

_____ _____
SIGNATURE DATE

### OFFICE USE ONLY

Amount Paid: _____ Date: _____ EH Receipt No. _____ PR No. _____

☐ **APPROVED** ☐ **NOT APPROVED,** Reason: _____

By: _____, REHS Date: _____

Comments: _____