



**Department of
Resource Management**
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(707) 784-6765 Fax (707) 784-4805
www.solanocounty.com

OFFICIAL USE ONLY	
SITE # _____ -	-B
Date _____	
Amt pd. _____	
Rcpt# _____	
REHS Verified _____	

BODY ART APPLICATION FOR PERMIT TO OPERATE

I. TYPE OF PERMIT: Check all that apply.

<input type="checkbox"/> Annual Body Art Facility Permit FEE: \$242.00	<input type="checkbox"/> Annual Body Art Practitioner Registration FEE: \$120.00	<input type="checkbox"/> Annual Body Art Vehicle Permit FEE: \$242.00
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II. PROCEDURES TO BE PERFORMED: Check all that apply.

<input type="checkbox"/> Tattooing	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Branding
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Note: Only the above procedures will be permitted in Solano County

III. APPLICANT INFORMATION:

Name: _____ Business Phone: _____ Home Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

BODY ART PRACTITIONER to fill out	
Date of Birth (Must Be 18 or Older): _____	
Identification Type (Attach a Copy to Application): <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> IDENTIFICATION CARD	
Bloodborne Pathogen Training: Attach a Copy of the Certificate to Application	
Date Completed: _____	Training Provided by: _____
Hepatitis B Vaccination Status: Choose One and Attach a Copy to Application	
1 <input type="checkbox"/> Certification of Completed Vaccination	3. <input type="checkbox"/> Laboratory Evidence of Immunity
2 <input type="checkbox"/> Vaccination declination	4. <input type="checkbox"/> Contraindicated for Medical Reasons
Facility where Body Art Services Will Be Provided:	
Facility Name: _____	Owner's Name : _____
Facility Phone #: _____	Owner's Signature: _____
Facility Address: _____	

The undersigned hereby applies for a Body Art Facility Permit and/or Practitioner Registration and agrees to operate in accordance with all applicable state requirements governing safe body art practices.

I certify that to the best of my knowledge and belief the statements made herein are true and correct.

Print Name: _____ Sign Name: _____ Date: _____