



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

**APPLICATION TO OPERATE A
BODY ART FACILITY**

Riverside County Code and the California Health and Safety Code

FULL NAME OF OWNER: _____

FACILITY DBA: _____

SITE ADDRESS: _____

BILLING ADDRESS: _____

BUSINESS PHONE: _____ CELL PHONE: _____

EMAIL: _____ FAX: _____

DAYS/HOURS OF OPERATION _____

Indicate **ALL** types of body art offered at facility

ALL APPLICATIONS SHALL INCLUDE:

- Copy of valid government issued ID or Driver's License of Facility Owner
- Copy of Facility's Infection Prevention and Control Plan

I certify that I am at least 18 years of age. I understand that this health permit I am applying for is valid for one year and must be renewed on an annual basis. I understand that the health permit is valid only for the facility location listed above and is not transferrable. I understand that as owner, all practitioners must possess a valid practitioner registration to perform body art procedures in my facility. I am legally responsible to notify this Department in writing within 30 days of the resignation, termination, or new hire of a body art practitioner at the body art facility. I understand that I am legally responsible for all activities in my facility and that failure to comply with the Safe Body Art Act may result in the revocation of my permit and/or legal action.

Signature of Applicant: _____ Date: _____

Bring completed application with payment to a local Environmental Health office.

Visit website for office locations: www.rivcoeh.org

For Office Use

Date: _____ Fee \$ _____ Ck. # _____ Trans. # _____

Approved by (Title): _____ Dist. # _____ Area # _____ SR # _____

For our office locations call us at (888) 722-4234 or visit our website at www.rivcoeh.org