



# PUBLIC HEALTH PERMIT/LICENSE - SUPPLEMENTAL APPLICATION

## BODY ART COMMUNITY HEALTH

Environmental Health Division  
5050 Commerce Drive, Baldwin Park, CA 91706  
[www.publichealth.lacounty.gov/eh](http://www.publichealth.lacounty.gov/eh)  
(626) 430-5570



Note: For a brand-new body art facility, please first fill out the **Body Art Facility Plan Check Application Form**, submit 3 sets of plans and pay the corresponding plan check fee.

<b>Date of Application:</b>	<b>Legal Name of Business (DBA):</b>
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### PLEASE COMPLETE THE FOLLOWING INFORMATION AS ACCURATELY AS POSSIBLE

<b>FACILITY TYPE</b>	<b>Type of Business (check all that apply):</b>
	<input type="checkbox"/> TATTOO <input type="checkbox"/> PERMANENT COSMETIC <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> BRANDING <input type="checkbox"/> MOBILE BODY ART*
	Number of Practitioner(s): _____ (Provide Body Art Practitioner name(s) and registration number(s) in table below)
	Number of procedure areas: _____
	Number of sinks in procedure areas: _____
	Type of Equipment used: Reusable <input type="checkbox"/> Disposable <input type="checkbox"/> Both <input type="checkbox"/>
If reusable, provide make and model of sterilization equipment: _____	
_____	
<b>Submit a copy of the facility's Infection Prevention Control Plan</b>	
*Mobile Body Art facilities must provide proof of certification by the Department of Housing and Community Development	

<b>Print Name:</b>	<b>Signature:</b>	<b>Date:</b>
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OFFICE USE ONLY								
Date	Sub-District	EHS Name	SR #	FA #	PR #	PE Code:	Invoice #	Date owner notified by EH
	US-GA__							