



CALAVERAS COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

APPLICATION FOR CERTIFICATE OF REGISTRATION TO PERFORM TATTOOING, BODY PIERCING, OR PERMANENT COSMETICS

PURSUANT TO CALIFORNIA HEALTH AND SAFETY CODE, CHAPTER 7, SECTION 119300

❖ ONE TIME REGISTRATION FEE: \$89.00 ❖ ANNUAL INSPECTION FEE: \$187.00

APPLICANT NAME: _____

BUSINESS NAME: _____ HOURS OF OPERATION: _____

BUSINESS PHYSICAL ADDRESS: _____
STREET CITY ZIP

BUSINESS MAILING ADDRESS: _____
STREET OR PO BOX CITY ZIP

HOME MAILING ADDRESS: _____
STREET OR PO BOX CITY ZIP

BUSINESS PHONE: _____ HOME PHONE: _____

REGISTRATION FOR: TATTOOING BODY PIERCING PERMANENT COSMETICS

TATTOOING: Inserting pigment under the surface of the skin by pricking with a needle or otherwise, to permanently change the color or appearance of the skin or to produce an indelible mark of figure viable through the skin. This includes but is not limited to eyeliner, lip color, camouflage, stencil designs and free hand designs.

BODY PIERCING: The creation of an opening in the human body for the purpose of inserting jewelry or other decoration. This includes but is not limited to piercing of an ear, lip, tongue, nose, or eyebrow. Body piercing does not, for the purpose of this definition include piercing the leading edge or earlobe of the ear with a sterile, disposable, single-use stud or solid needle that is applied using a mechanical device to force the needle or stud through the skin.

PERMANENT COSMETICS: The application of pigments to or under the skin of a human being for the purpose of permanently changing the color or other appearance of the skin. This includes, but is not limited to permanent eyeliner, eye shadow, or lip color.

Please mark one of the following that applies to you:

- I have documentation to show that I have completed vaccination against Hepatitis B.
- I have documentation showing laboratory evidence of immunity to Hepatitis B.
- I will file a certificate of vaccination declination for HBV. The declination for vaccination shall be kept on file in the shop and made available during inspection.

I declare under penalty of law that to the best of my knowledge and belief the statements made herein are correct and true. I have received the State of California operating standards. I hereby consent to all necessary inspections made pursuant to the California Health and Safety Code and incidental to the issuance of this Registration and the operation of this business.

SIGNATURE: _____ DATE: _____

-FOR OFFICE USE ONLY-

Fee Received Date Receipt # By

Certification of Registration Renewal is: Recommended Denied Pending

Signature (EHS) Expiration Date Copy to Owner