



**Public Health Department**

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**Environmental Health**

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**BODY ART FACILITY PERMIT APPLICATION**

NEW

RENEWAL

**FEES:**  SINGLE PRACTITIONER: \$230  2-4 PRACTITIONERS: \$345  5+ PRACTITIONERS: \$461

*California Health and Safety Code, Chapter 7, Section 119300, requires all body art facilities to maintain a valid health permit.*

Facility Name \_\_\_\_\_ Phone \_\_\_\_\_

Owner(s) Name(s) \_\_\_\_\_

Facility Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

*Mailing Address (if different than above)*

Street/P.O. Box \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Services provided in this facility (check all that apply):**

Tattoo  Body Piercing  Permanent Cosmetics  Branding  Temporary Event

List all practitioners who operate in your facility. (Use back of form for more space, if necessary.)

*Practitioner Name (use back/additional page if needed)	Mailing Address

\*Each practitioner must complete a Practitioner Registration Form and submit required documents to this office.

As a condition for a health permit, the applicant shall provide the following (as needed):

1. A copy of the facility's Infection Prevention Control Plan as required by the California Health and Safety Code, Section 119313.
2. Plans must be submitted for new construction or remodel of the facility prior to construction

I declare, that to the best of my knowledge, the information I have provided is true and accurate. I agree to conform to all conditions, orders, and directions issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. I hereby consent to inspections of this facility by Butte County Environmental Health and will notify the office within 30 days of any changes in the above information.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**For Official Use Only**

FA # \_\_\_\_\_ PR# \_\_\_\_\_ Issue Permit Date \_\_\_\_\_ Approved By \_\_\_\_\_  
[ ] Cash [ ] Check # \_\_\_\_\_ [ ] Credit Card Transaction # \_\_\_\_\_ Receipt # \_\_\_\_\_ Amount Received \_\_\_\_\_

Date Received \_\_\_\_\_ Received By \_\_\_\_\_ Comments \_\_\_\_\_