



**Public Health Department**

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## BODY ART PRACTITIONER REGISTRATION/RENEWAL

NEW

RENEWAL

**FEE: \$111.00**

California Health and Safety Code Chapter 7, Section 119300, requires any person performing body art to register with the local enforcement agency.

Practitioner Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Mailing Address/P.O. Box \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

| Primary Facility Name                                      | Address | Phone |
|--|---------|-------|
|  |         |       |
| Additional facilities or events in which you are operating | Address | Phone |
|  |         |       |
|  |         |       |

As a condition of registration, the applicant shall provide copies of all of the following:

- Evidence of current hepatitis B vaccination, including applicable boosters, unless the practitioner can demonstrate hepatitis B immunity, or a hepatitis B declination form.  
 HepB vaccination or immunization records submitted previously
- Evidence of completion of OSHA Bloodborne Pathogen Training.
- Proof of 18 years of age or older.

**By checking this box, you are certifying that you have read, have knowledge of, and commitment to meet the applicable state law (The Safe Body Art Act, California Health and Safety Code, Chapter 7 of Part 15 of Division 104, commencing with Section 119300).**

Indicate the services you will be providing:

Tattooing       Body Piercing       Permanent Cosmetics       Branding

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 also agree to have my registration card available when performing body art procedures and to notify this Butte County Environmental Health within 30 days of any changes in the above information.**

\_\_\_\_\_  
Practitioner Signature

\_\_\_\_\_  
Email Address

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

\_\_\_\_\_  
Date

**For Official Use Only**

FA # \_\_\_\_\_ PR# \_\_\_\_\_ Issue Permit \_\_\_\_\_ Approved By \_\_\_\_\_

Comments \_\_\_\_\_

[ ] Cash [ ] Check # \_\_\_\_\_ [ ] Credit Card Trans # \_\_\_\_\_ Receipt # \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

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