



Environmental Health Division

Body Art Facility

Permit Application



Ukiah Office: 860 N Bush Street
Ph: 707-234-6625

Fort Bragg Office: 120 W Fir Street
Ph: 707-961-2417

enviroh@mendocinocounty.gov

Facility Name: _____

Business Address: _____

Mailing Address: _____

Phone Number: _____ **Email:** _____

Written "Infection Prevention and Control Plan" attached? Yes No

Services Offered (Check all that apply):

Tattooing Piercing Permanent Cosmetics Branding

Is this a new facility? Yes No

Is a copy of the facility floor plan attached? Yes No

Is this a change of ownership for the facility? Yes No

If "Yes", please provide change of ownership documentation (escrow, bill of sale, or a letter from the current owner)

Previous name of facility (if applicable): _____

Business Owner Information:

Owner Name (Clearly Printed): _____ **Date:** _____

Owner Signature: _____

DO NOT WRITE BELOW — FOR EH OFFICE USE

<p>Approved By: _____</p> <p>Permit Issue Date: _____</p>	<p>Payment Information:</p> <p>Date Rec'd: _____ Payment #: _____</p> <p>Amount Rec'd: _____ Rec'd By: _____</p>
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