



# COMMUNITY DEVELOPMENT AGENCY

## ENVIRONMENTAL MANAGEMENT DIVISION

<http://www.edcgov.us/EMD/>

**PLACERVILLE OFFICE:**

2850 Fairlane Court, Bldg. C  
 Placerville, CA 95667  
 (530) 621-5300  
 (530) 626-1531 Fax

**LAKE TAHOE OFFICE:**

3368 Lake Tahoe Blvd., Suite 303  
 South Lake Tahoe, CA 96150  
 (530) 573-3450  
 (530) 542-3364 Fax

### Body Art Facility Permit Application

|   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> New Facility <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Remodel <input type="checkbox"/> Other:   |  |   |  |
| Type of Ownership   |  | <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/LLC |  |
| Type of Service(s)  |  |   |  |
| <input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Branding <input type="checkbox"/> Permanent Cosmetics |  |   |  |
| <b>BUSINESS INFORMATION</b>   |  |   |  |
| Opening Date  |  | Business Owner  |  |
| Business Name   |  |   |  |
| Business Address/Location   |  | APN   | Mailing Address (if different than business address) |
| Business Phone  |  | Email   | City     Zip   |
| On-Site Operator/Manager  |  | Phone   | Home/Cell Phone                                      |

**I understand that I am responsible for ensuring compliance with the regulations pertaining to tattoo and / or body piercing establishments.**

I have read, understand, and will comply with the requirements of Article 7 of the Safe Body Act.

|                        |  |             |               |
|------------------------|--|-------------|---------------|
| Signature              |  | Date Signed |               |
| Full Name (Print/Type) |  | Title       | Drivers Lic # |

*Office Use*

|                      |  |                 |               |
|----------------------|--|-----------------|---------------|
| Facility ID          |  | Invoice No      | Date Received |
| Specialist Signature |  | Specialist Name | Date Approved |