

Receipt # _____
Amount Paid _____
Date Paid _____



Environmental Health Department
1360 N. Main Street, Bishop, CA 93514
(760) 878-0238, inyoehd@inyocounty.us

Application for Body Art Facility Permit

Basic Facility Information:

- New Business _____ →
- Business Name Change
- Change of Address
- Change of Owner
- Update Information

Please note:

New facilities require a plan check before construction begins. Please provide two sets of detailed plans with this completed Body Art application. Plan check fees, based on our hourly rate, may apply.

Business Information:

Name of Business _____
Business Mailing Address _____
Location Address _____
Business Phone _____
Opening Date _____
Number of Employees _____
Describe water supply (i.e. private on-site well or name of public water system):

Describe sewage disposal system (i.e. private on-site system or name of public sewer system):

Business Owners Information:

Name _____
Home Address _____
City _____ Phone _____
Email _____

Managers Information:

Name _____
Home Address _____
City _____ Phone _____

Billing Address (If different from above):

Name _____
Address _____
City _____ Phone _____

Emergency Contact:

Name (not owner or manager) _____
Address _____
City _____ Phone _____

Describe the facility:

How many separate work stations? _____

Will you be using disposable instruments? _____

Are your employees registered with the County? _____

Have you worked out a sharps disposal plan? _____

Applicant hereby makes application for a permit to operate a Body Art business or service in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force by the United States Government, the State of California, and the County of Inyo pertaining to the above-mentioned business.

Applicant's Signature _____ Date _____

(For Department Use Only)

<u>Type of Establishment:</u>	<u>Department Actions</u>	
<input type="checkbox"/> Tattoo <input type="checkbox"/> Permanent Makeup <input type="checkbox"/> Microbladding <input type="checkbox"/> Number of workstations _____	<u>Fiscal Staff:</u>	Date:
	<input type="checkbox"/> Full payment received <input type="checkbox"/> Facility added to QB <input type="checkbox"/> Payment posted <input type="checkbox"/> File created/updated <input type="checkbox"/> File delivered to Program Lead	_____ _____ _____ _____ _____
	<u>Program Lead:</u>	
	<input type="checkbox"/> Pre-open inspection <input type="checkbox"/> Inspection added to file <input type="checkbox"/> BB Pathogens, ECP, Hep B added to file <input type="checkbox"/> Employees registered <input type="checkbox"/> Approval (sign below) <input type="checkbox"/> Denial (Reason below) <input type="checkbox"/> File returned to Fiscal	_____ _____ _____ _____ _____ _____ _____
	<u>Fiscal Staff:</u>	
	<input type="checkbox"/> Permit issued <input type="checkbox"/> Copy of permit added to file <input type="checkbox"/> File returned to Program Lead	_____ _____ _____

Comments: _____

R.E.H.S. Signature: _____ Date: _____