

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 Practitioner Permit

Basic Practitioner Information:

- New Practitioner in Inyo
- Place of Business Change
- Change of Address
- Update Information

Place of Business Information:

Name of Business _____
Business Mailing Address _____
Location Address _____
Business Phone _____

Your Information:

Name _____
Home Address _____
City _____ Phone _____
Email _____

Billing Address (If different from above):

Name _____
Address _____
City _____ Phone _____

Emergency Contact:

Name _____
Address _____
City _____ Phone _____

Experience and Training:

- Are you at least 18 with a valid ID?
- Will you be using disposable instruments? If not, please explain:
- Have you completed and passed Blood-borne pathogen training within the last year?
- Have you provided Hep B vaccination status or declination?
- Please explain your current experience or training:

Applicant hereby makes an application for a permit to operate as a Body Art practitioner following the laws, ordinances, and regulations that are now or may from now on be in force by the United States Government, the State of California, and the County of Inyo.

Applicant's Signature _____ Date _____

(For Department Use Only)

<u>Practitioner type:</u>	<u>Department Actions</u>	
<ul style="list-style-type: none"> <input type="checkbox"/> Tattoo <input type="checkbox"/> Permanent Makeup <input type="checkbox"/> Piercing <input type="checkbox"/> Microblading 	<u>Fiscal Staff:</u>	Date:
	<input type="checkbox"/> Full payment received	_____
	<input type="checkbox"/> Practitioner 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-workinspection	_____	
<input type="checkbox"/> Inspection added to file	_____	
<input type="checkbox"/> BB Pathogens, ECP, Hep B		
added to file	_____	
<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 card 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: _____