1241 E. Dyer Road
Suite 120
Santa Ana
CA 92705
(714) 433-6000

COUNTY OF ORANGE HEALTH CARE AGENCY
BODY ART FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION
PERMIT APPLICATION

I. FACILITY INFORMATION

FACILITY ID#	F A							P R							BUSINESS START DATE

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	BUSINESS PHONE

BUSINESS SITE ADDRESS			

CITY	STATE	ZIP CODE	BUSINESS TYPE *(tattoo, permanent cosmetics, piercing, other)*

FACILITY TYPE *(fixed site, mobile operation, temporary booth)*

BILLING ADDRESS

BUSINESS OPERATOR/ON-SITE CONTACT NAME	BUSINESS OPERATOR PHONE

II. BUSINESS OWNER

OWNER NAME	OWNER PHONE

OWNER MAILING ADDRESS

CITY	STATE	ZIP CODE

III. TEMPORARY BOOTHS

NAME OF EVENT	DATES OF EVENT	PROMOTER NAME

IV. CERTIFICATION

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. I HEARBY MAKE APPLICATION FOR A BODY ART FACILITY PERMIT.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	NAME OF DOCUMENT PREPARER

NAME OF SIGNER *(print)*	TITLE OF SIGNER

V. FOR OFFICE USE ONLY

Limitations and Remarks: _____

PERMIT APPROVED BY (*specialist signature)*	DATE

Accounting use only:	HS0#	Ck/MO#	Date	Amt	Initials	