



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH FOOD AND HOUSING DIVISION

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APPLICATION FOR REGISTRATION TO PERFORM TATTOOING, BODY PIERCING AND PERMANENT COSMETICS Pursuant to California Health and Safety Code, Chapter 7, Section 119303

Last Name _____	First Name _____
Applicant Mailing Address: _____	
City, State, Zip: _____	
Applicant Phone # (____) _____	Email _____
Body Art Site Name or Temporary Event Name: _____	
Body Art Site Address: _____	
City, State, Zip: _____	

Mark the appropriate boxes:

- I will have on file at the booth or body art facility where I work, documentation to show that I have completed vaccination against Hepatitis B.
- I will have on file at the booth or body art facility where I work, documentation showing laboratory evidence of immunity to Hepatitis B.
- I will have on file a Hepatitis B vaccine declination at the booth or body art facility where I work that shall be available during inspection.

Please indicate the services you will be providing:

- Tattooing** - Inserting pigment under the surface of the skin by pricking with a needle or otherwise, to permanently change the color or appearance of the skin or to produce an indelible mark or figure visible through the skin. This includes but is not limited to, eyeliner, lip color, camouflage, stencil designs and free hand designs.
- Body Piercing** - The creation of an opening in the human body for the purpose of inserting jewelry or other decoration. This includes but is not limited to piercing an ear, lip, tongue, nose or eyebrow. Body piercing does not, for the purpose of this definition, include piercing the leading edge or earlobe of the ear with a sterile, disposable, single-use stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear.
- Permanent Cosmetics** - The application of pigments to or under the skin of a human being for the purpose of permanently changing the color or the appearance of the skin. This includes, but is not limited to, permanent eyeliner, eye shadow, or lip color.

I declare that to the best of my knowledge the information I have provided is true and accurate. I also agree to conform to all conditions, orders, and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances.

_____	_____	_____
Print Name	Date	Signature