



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH BRANCH
 1390 Market Street, Suite 210, San Francisco, CA 94102
 http://www.sfdph.org/dph/eh
 Phone: (415) 252-3800 Fax: (415) 252-3894

OFFICIAL USE ONLY

Filing Fee	_____
Fire Department Referral	_____
Zoning Referral	_____
DBI Referral	_____
Worker's comp	_____
Leasing Agreement	_____
Location ID	_____

PERMANENT BODY ART ESTABLISHMENT PERMIT APPLICATION

Date of Application: _____

New Plan New Ownership Update Status

TYPE OF SERVICE:

Tattoo Body Piercing Permanent Cosmetic Branding

TYPE OF PERMIT

Body Art

Sole Owner Partnership Corporation LLC

Business Name _____ Business Phone _____

Business Address _____

Cross Street _____ Main Contact _____

Permit to be issued in Name(s): Specify Business Name, Business Owner or Principal Officers. (Print)

Owner Name _____ Cell Phone _____

Owner Address _____ Zip Code _____

Owner Email _____

Billing Address: _____ Zip Code _____

Are you a facility owner and practitioner? Yes No

Are you registered as a practitioner in San Francisco? Yes No

IF YES, provide your practitioner registration number here: _____

SIGNATURE(S) OF APPLICANT(S)

I hereby certify that all statements made in this application are true and correct. I agree to operate in accordance with all applicable state and local regulations regarding The Safe Body Art Act (California Health and Safety Code commencing with Section 119300) and San Francisco Health Code Article 40. I agree to maintain a current Infection Prevention and Control Plan and a facility that meets or exceeds all requirements.

X _____ X _____ X _____ Date _____

*If partnership, all partners must sign. If corporation, authorized Officer must sign.

Inspector's Report

To the Director of Public Health:

After having made a careful inspection in the above case on _____, 20 ____

I **recommend** the issuance of a New Permit to operate

I **disapprove** the issuance of a New Permit to operate for the following reasons:

X _____

X _____

Inspector

Principal Inspector

District #	Census Tract	Permit #	Type of Permit/Classification/Limitations	Loc. ID:
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OWNER



PERMANENT BODY ART ESTABLISHMENT PERMIT APPLICATION

Page 2 -- PRACTITIONER LIST

BUSINESS NAME: _____ Date of Application: _____

The facility owner must keep an updated list of practitioners and notify DPH of status changes within 30 days. Attach additional sheets if necessary.

PRACTITIONER NAME	REG. NO.	DISCIPLINE	STATUS
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
		<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee



PERMANENT BODY ART ESTABLISHMENT PERMIT APPLICATION

Addendum to Application for Permit to Operate – Page 1

BUSINESS NAME: _____ Date of Application: _____

1. SERVICE PROVIDED

- TATTOOING- means to insert pigment under the surface of the skin of a human being, pricking with a needle or otherwise, to produce an indent mark or figure visible through the skin.
- BODY PIERCING – means the creation of an opening in the body of a human being for the purpose of inserting jewelry or decoration. This term includes, but not limited to, piercing of an ear, lip, tongue, nose, or eyebrow. “Body piercing” does not include the piercing an ear, except for the tragus, with a disposable, single-use, pre-sterilized stud and clasp or solid needle that is applied using a mechanical device to force needle or stud through the ear.
- PERMANENT COSMETICS – means the application of pigments to or under the skin of a human being for the purpose of permanently changing the color or other appearance of the skin. This includes, but not limited to, permanent eyeliner, eye shadow, or lip color.
- BRANDING – means the process in which a mark or marks are burned into human skin tissue with a hot iron or other instrument, with the intention of leaving a permanent scar.

2. STERILIZATION AND SANITIZING EQUIPMENT (complete if using an autoclave)

TREATMENT METHOD	No. of units	Locations
<input type="checkbox"/> Steam Sterilization	_____	_____
<input type="checkbox"/> Alternative Treatment	_____	_____

BACKUP TREATMENT : Describe how your contaminated waste (needle and bloody items) will be handled if your primary treatment method fails.

TRANSPORTER: Provide the name, address and phone number of any transporter or treatment facility.

3. DISPOSAL METHOD (complete this section regarding contaminated waste disposal)

Describe how needles, razors and other contaminated item(s) will be managed and disposed:



PERMANENT BODY ART ESTABLISHMENT PERMIT APPLICATION

Addendum to Application for Permit to Operate – Page 2

BUSINESS NAME: _____ Date of Application: _____

4. HAND WASHING FACILITIES

Indicate number of sinks and where sinks are located (e.g. each work station, centrally located, etc.)

Number of sinks _____ Locations _____

5. EXPOSURE CONTROL PLAN:

Attach your Exposure Control Plan or describe in the box below. This plan is a written document that outlines protective measures the employer will take to minimize or eliminate employee exposure to blood borne pathogens or other possibly infectious materials.

DBA _____

Address: _____

Print Name: _____

Sign: _____ Date: _____

Additional Required Attachments:

6. **FLOOR PLAN:** Attach a copy of your Floor Plan in which the work stations, hand sinks, cleaning room, bathroom, employee lounge, and customer waiting areas.
7. **ATTACH BLOOD BORNE PATHOGEN CERTIFICATE FOR ALL BODY ART PRACTITIONERS.**
8. **FEE.** MAKE CHECKS PAYABLE TO SFDPH (San Francisco Department of Public Health)