



Community and Economic Development Environmental Health Division

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APPLICATION FOR TATTOOING, BODY PIERCING, AND PERMANENT COSMETICS

(Pursuant to California Health and Safety Code, Chapter 7, Section 119303)

PROGRAM ELEMENT: 3954 FEE: \$ ____ ANNUALLY (Fees are subject to change)
 PROGRAM ELEMENT: 3955 FEE: \$ ____ REGISTRATION FEE

Business Name	Business Phone
Facility Address (City, State, ZIP)	
Name of Owner	Home Phone
Billing Address (City, State, ZIP)	

Please indicate the services that will be provided in this facility:

- 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 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 of an ear, lip, tongue, nose or eyebrow. Body piercing does not, for the purpose of this definition, include piercing of 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 skin of a human being for the purpose of permanently changing the color of other appearance of the skin. This includes, but is not limited to, permanent eyeliner, eye shadow, or lip color.
- Branding** – 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.

Number of workstations at facility: _____

Please list all practitioners who operate in this facility:

(Should you require more space, please continue list on back of form.)

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

I declare that to the best of my knowledge the information that 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 local ordinances. I also shall immediately inform the Madera County Environmental Health Department of any changes to pertinent information.

SIGNATURE: _____ **DATE:** _____

ENVIRONMENTAL HEALTH USE ONLY

COMMENTS:

RECEIVED BY: _____ DATE: _____