COUNTY OF ORANGE HEALTH CARE AGENCY
BODY ART FACILITY PERMIT
BUSINESS OWNER APPLICATION

1241 E Dyer Rd. Suite 120, Santa Ana, CA 92705
(714) 433-6000
ocbodyart@ochca.com

Agency Use	FA								PR							SR							

FACILITY INFORMATION

Check Business Type / Activities:	*Tattoo* ◯ 3110	*Permanent Cosmetics / Microblading* ◯ *3120*	*Body Piercing* ◯ *3130*	*Branding* ◯

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

BUSINESS SITE ADDRESS

CITY	ZIP CODE	BUSINESS EMAIL

MAILING / BILLING ADDRESS
(*Same as facility)* ☐

MANAGER / CONTACT NAME	CONTACT PHONE

BUSINESS OWNER

OWNER or CORPORATE NAME	PHONE

OWNER STREET ADDRESS
(*Same as facility)* ☐

CITY	STATE	ZIP CODE

OWNER MAILING ADDRESS
(*Same as facility)* ☐

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted, the information is true, accurate, and complete.
I AGREE TO COMPLY WITH THE REQUIREMENTS OF THE CALIFORNIA SAFE BODY ART ACT WITH THIS APPLICATION FOR A BODY ART FACILITY PERMIT.

NAME OF SIGNER *(print)*	TITLE OF SIGNER

SIGNATURE OF OWNER	DATE

FOR OFFICE USE ONLY

Inspection Comments / Special Notes / Operational Limitations:

PERMIT APPROVED BY (*specialist signature)*	DATE	Issue Permit **Y** **N**

NEW ◯	OWNER CHANGE ◯ -- DATE	Prior **OW**	**AR**

Accounting use only	HS0#	Ck# / CC	Date	Amount $	Initials