



Department of Health and Human Services
Division of Environmental Health

FACILITY
Application for Registration for
Tattooing, Body Piercing, or Permanent Cosmetics
(Pursuant to California and Safety Code, Chapter 7, Section 119303)

Facility Name	Phone Number
Address	
City, State, Zip	
Name of Owner	
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 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 include 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 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 of other appearance of the skin. This includes, but is not limited to, permanent eyeliner, eye shadow, or lip color.

How many workstations do you have in your facility? _____

Please list all practitioners who operate in your facility, (Should you require more space please continue list on back of form:

- 1. _____ 2. _____
- 3. _____ 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 City ordinances. I also shall immediately inform the City of Berkeley Environmental Health of any changes to pertinent information.

Name

Title

Signature

Date