

## **APPLICATION FOR BODY ART FACILITY PLAN REVIEW**

The Kern County Public Health Services Department, Environmental Health Division shall issue a health permit for a body art facility after an investigation has determined that the proposed body art facility and its method of operation meets the specifications of the approved plans or conforms to the requirements of the California Health and Safety Code, Division 104 Part 15 Chapter 7 Article 4.

Approval of plans shall be obtained by Kern County Environmental Health before a body art facility is leased or constructed. Once Kern County Environmental Health staff has reviewed the plans, a compliance list of conditions necessary to obtain approval is issued. Please contact the appropriate planning department regarding their procedures. Operations for the body art facility may begin after approval is obtained from both departments.

### **Who should submit plans?**

Plans and specifications are required to be submitted to our department by any person that:

- a. Is constructing or remodeling any building for use as a body art facility;
- b. Plans to open a body art facility in an existing building;
- c. Plans to lease out a portion of a facility for the performance of body art;
- d. Plans to change the operation of a body art facility, i.e. changing the operation from disposable equipment to the usage of an autoclave.

### **What should I submit for plan review?**

1. The provided body art facility plan check review application form.
2. A certification that a proposed body art facility is in an approved zoning by City or County Planning.
3. A certification from the property owner permitting the performance of body art activities on the property.
4. A copy of the Business License (City) or Business Permit (County)
5. The Environmental Health Permit Application form.
6. A Facility Plan that must be drawn in a concise, detailed and professional manner. The plans must include sufficient information to demonstrate compliance with state minimum standards for body art facilities.
7. An Infection Prevention Control Plan that discusses the decontamination procedures for the facility and its operations.
8. Copies of the consent and aftercare instruction forms.
9. A practitioner list that lists all body artists that will perform body art at the facility.

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10. An equipment list form that lists all equipment that will be utilized at the facility that will be approved by the Kern County Environmental Health Division.
11. A room finish schedule form shall be submitted if any modifications are to be done on the facility.
12. The application package for plan review must be complete and correct. Inadequate application packages will be rejected.

### **Forms**

This packet includes the following:

- Form 1: Body Art Facility Permitting Process Check List
- Form 2: Body Art Facility Plan Check Flow Chart
- Form 3: Application for Body Art Facility Plan Review
- Form 4: Certification of Approved Zoning with City/County Planning
- Form 5: Property Owner Approval
- Form 6: Understanding of Responsibility
- Form 7: Environmental Health Permit Application Form
- Form 8: Body Art Facility Floor Plans
- Form 9: Room Finish Schedule
- Form 10: Equipment List Form
- Form 11: Practitioner List Form

Hard copies of plans may be submitted at the following location:

Kern County Public Services Building  
2700 M Street, Suite 300  
Bakersfield, CA 93301  
Office #: (661) 862-8740  
E-mail: [eh@kerncounty.com](mailto:eh@kerncounty.com)

You will be required to check in and obtain a visitor's pass at the front door kiosk. Inform the receptionist that you are submitting plans for a body art facility to Kern County Environmental Health Division. Submit the plans to the Environmental Health Division on the third floor.

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**FORM 1: BODY ART FACILITY PERMITTING PROCESS CHECK LIST**

INITIAL PHASE	
1. Setup an appoint with an Environmental Health Specialist in the Body Art Program to discuss the process of a plan check review.	<input type="checkbox"/>
2. Submit the following Forms to begin the body art plan check review: <ul style="list-style-type: none"> <li>• Form 3: Application for Body Art Facility Plan Review</li> <li>• Form 4: Certification of Approved Zoning with City/County Planning</li> <li>• Form 5: Property Owner Approval</li> <li>• Form 6: Understanding of Responsibility</li> <li>• Body Art Plan Check Fee</li> </ul>	<input type="checkbox"/>
3. Setup and complete initial body art plan check inspection	<input type="checkbox"/>

SECONDARY PHASE	
1. Submit Form 6: Environmental Health Permit Application	<input type="checkbox"/>
2. Submit copies of consent forms and written after care	<input type="checkbox"/>
3. Submit Infection Prevention Control Plan	<input type="checkbox"/>
4. Submit Monthly Spore Testing Agreement (if applicable)	<input type="checkbox"/>
5. Submit Sharps Disposal Agreement	<input type="checkbox"/>
6. Submit Form 7: Body Art Facility Floor Plans	<input type="checkbox"/>
7. Submit Form 8: Room Finish Schedule <ul style="list-style-type: none"> <li>• Inspection for any structural changes to the facility (if needed)</li> </ul>	<input type="checkbox"/>
8. Submit Form 9: Equipment Form List	<input type="checkbox"/>
9. Submit Form 10: Practitioner List <ul style="list-style-type: none"> <li>• Include all Body Art Practitioner Applications Applications can be obtained online at <a href="http://www.kernpublichealth.com/environmental-health">www.kernpublichealth.com/environmental-health</a></li> </ul>	<input type="checkbox"/>

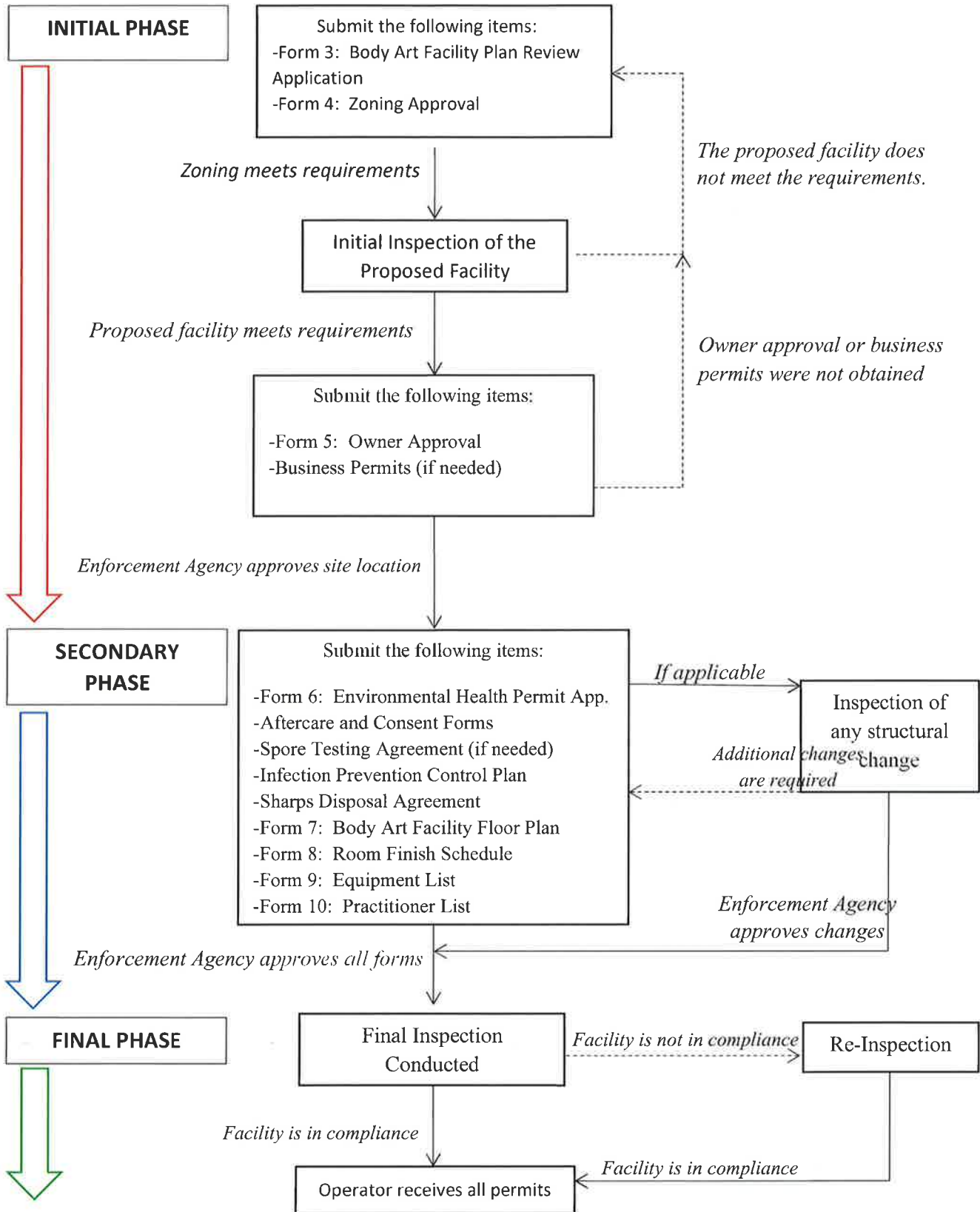
FINAL PHASE	
10. Inspection of facility with all equipment to fully operate including: tattoo machines, inks, storage containers, sinks, procedure chairs...etc <ul style="list-style-type: none"> <li>• Re-inspection (if needed)</li> </ul>	<input type="checkbox"/>
11. Receive all permits <ul style="list-style-type: none"> <li>• Facility Permit</li> <li>• Practitioner Certificates</li> </ul>	<input type="checkbox"/>

I hereby certify, to the best of my knowledge, that the information given in this body art facility application package is true and correct. I also agree as the owner/operator to meet all requirements under the California Health and Safety Code (Sections 119300 to 119328) and Kern County Ordinance (Section 8.04.030).

PRINTED NAME: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

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# FORM 2: BODY ART FACILITY PLAN CHECK FLOW CHART



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### FORM 3: APPLICATION FOR BODY ART FACILITY PLAN REVIEW

**BODY ART THAT WILL PERFORMED**

TYPE OF BODY ART FACILITY (CHECK ALL THAT APPLY)

- Tattooing                      Branding                      Body Piercing  
Permanent Make-up            Ear Piercing\*

\*Facilities that are proposing to perform only ear piercing with a mechanical stud and clasp ear piercer do not have to submit plans to this department for review.

**PROPOSED BODY ART FACILITY INFORMATION**

Facility Name: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email/Fax: \_\_\_\_\_

**OWNER INFORMATION-CONTACT PERSON**

Owner Name: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email/Fax: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

**REQUIRED SUBMITTALS FOR BODY ART PLAN REVIEW (please have completed before submission)**

- Zoning Approval                       Owner Approval                       Application for Plan Review  
 Infection Prevention Control Plan     Consent & Aftercare Forms             Sharps/Autoclave Agreements  
 Floor Plans                                       Equipment List Form                       Room Finish Schedule

**ENVIRONMENTAL HEALTH PERMIT FEES**

To find the most up-to-date Kern County Environmental Health Permit Fees, please visit [www.kernpublichealth.com/environmental-health-permit-application-fees/](http://www.kernpublichealth.com/environmental-health-permit-application-fees/) or call (661)862-8740 for further assistance.

For Official Use Only	Date Received	Amount Paid	Accepted/Denied	SR#/FA#



# **FORM 4: ZONING APPROVAL FOR PROPOSED BODY ART FACILITY**

KERN COUNTY BODY ART FACILITY  
(TATTOO, BODY PIERCING, BRANDING & PERMANENT COSMETICS)

An owner who plans to operate a body art facility shall obtain all necessary permits to conduct business, including, but not limited to a permit issued by Kern County Public Health Services Department, Environmental Health Division (KCEHD). The plan check review process for KCEHD requires that the location of the facility meet the required zoning (city or county) for the operations of body art before a facility is leased or constructed. This document certifies that the following proposed body art facility address is within an approved zone:

**SITE ADDRESS:** \_\_\_\_\_

**MAIL ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**ASSESSOR'S PARCEL NUMBER:** \_\_\_\_\_

*Please have this document signed by the Planning Department*

For Official Use Only:			
Planning Department Review:			
Check City/County that applies:			
<input type="checkbox"/> Kern County	<input type="checkbox"/> City of Bakersfield	<input type="checkbox"/> City of Delano	<input type="checkbox"/> City of Wasco
<input type="checkbox"/> City of Arvin	<input type="checkbox"/> City of Shafter	<input type="checkbox"/> City of Taft	<input type="checkbox"/> City of Ridgecrest
<input type="checkbox"/> California City	<input type="checkbox"/> City of Tehachapi	<input type="checkbox"/> City of McFarland	
Zone: _____	Approved:	Yes	No (circle one)
Comments: _____	_____		
_____			
Printed Name: _____	_____		
Signature: _____	_____		

A business permit may also be required depending on the location of the facility (city or county). Please refer to the planning department (city or county) if a business permit is required.





**FORM 5: PROPERTY OWNER'S APPROVAL**

KERN COUNTY BODY ART FACILITY  
(TATTOO, BODY PIERCING, BRANDING &  
PERMANENT COSMETICS)

**OWNER:** \_\_\_\_\_

**SITE ADDRESS:** \_\_\_\_\_

**MAIL ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**ASSESSOR'S PARCEL NUMBER:** \_\_\_\_\_

I hereby certify, to the best of my knowledge, that the information given on this property information form is true and correct and grant permission to \_\_\_\_\_ for the purpose of conducting body art activities at my property.

Property Owner Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Signature \_\_\_\_\_





**FORM 6**  
**BODY ART PLAN CHECK:**  
**UNDERSTANDING OF RESPONSIBILITY FORM**  
KERN COUNTY BODY ART FACILITY  
(TATTOO, BODY PIERCING, BRANDING &  
PERMANENT COSMETICS)

The following items have been discussed with the operator:

1. The process for the body art plan check will be limited to 30 days. Extensions may be given with approval from the enforcement agency.
2. The operator will not perform body art activities until all proper permits and registration has been obtained. Violation of this agreement may warrant suspension or termination of the body art plan check process.

I hereby acknowledge and accept the requirements for the body art plan check process. I further commit to comply with these standards within this process.

\_\_\_\_\_  
Owner/Operator Name

\_\_\_\_\_  
Owner/Operator Name Signature

\_\_\_\_\_  
Date



# FORM 7: ENVIRONMENTAL HEALTH PERMIT APPLICATION FORM

Environmental Health Division  
2700 "M" Street, Suite 300, Bakersfield, CA 93301

661-862-8740  
661-862-8701(fax)

<input type="checkbox"/> New Business	<input type="checkbox"/> Ownership Change    Date: _____	<input type="checkbox"/> Information Change    Date: _____
---------------------------------------	--	--

Type of Ownership:     Sole Proprietor     Partnership     Corporation     Other: \_\_\_\_\_

Check all that apply:	<input type="checkbox"/> Medical Waste Facility Type 1	<input type="checkbox"/> Body Art Facility	<input type="checkbox"/> Sewage Pumping Facility
	<input type="checkbox"/> Medical Waste Facility Type 2	<input type="checkbox"/> LEA Facility	<input type="checkbox"/> Grease Pumping Facility
	<input type="checkbox"/> Medical Waste Common Storage		<input type="checkbox"/> Toilet Rental Agency
	<input type="checkbox"/> Medical Waste Ambulance		

### OWNER INFORMATION

Owner Name:					
Owner Address:					
City:		State:		Zip:	
Home Phone: (    )	Business Phone: (    )		Fax:		
Partner(s)/Corp Name:					
Care Of:		E-Mail Address:			
Mailing Address:					
City:		State:		Zip:	

### FACILITY/BUSINESS INFORMATION

Facility Name (DBA):					
Address:					
City:		State:		Zip:	
Phone: (    )	Alternate phone: (    )		Fax: (    )		
Care Of:		E-Mail Address:			
Mailing Address:					
City:		State:		Zip:	
Water Provider					

### BILLING INFORMATION

Mailing Address for invoice to renew annual permit:     Business Mailing Address     Owner Address     Other

If you checked other, what is the address? \_\_\_\_\_

Care of: \_\_\_\_\_

Approval of this application and issuance of an Environmental Health Permit is required before commencing operation. Failure to obtain both may result in a misdemeanor citation and/or closure. The undersigned applicant agrees to operate in accordance with all applicable state laws and local ordinances.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**PERMIT(S) AND FEE(S) ARE NOT TRANSFERABLE.    PERMIT FEE(S) MUST BE SUBMITTED WITH PERMIT APPLICATION.**

#### FOR OFFICIAL USE ONLY

Program ID	PE	Date Mailed	Facility ID
Previous Owner ID	New Owner ID	Map #	Service Request #
Total Fees Paid	Received By	Date Paid	Accounting ID

# FORM 8: BODY ART FACILITY FLOOR PLAN

SYMBOL	MAJOR ITEM LEGEND	ITEM
①	Procedure Area	
②	Waiting Area	
③	Sinks Supplying Hot and Cold Water	
④	Autoclave	
⑤	Sterilization Room	
⑥	Sharps Containers	
⑦	Secured File Cabinet for Client Records	
⑧	Mounted Single use Paper Towel Dispensers	
⑨	Storage of Cleaning/Disinfecting Products	
⑩	Storage of Inks	
⑪	Storage of Body Art Equipment	
⑫	Waste Receptacles	
⑬	Health Permit	
⑭	Registration Permits	
⑮	Storage of Client Consent forms and Aftercare	
	<b>MINOR ITEM LEGEND</b>	
⑯		
⑰		
⑱		
⑲		
⑳		

**INSTRUCTIONS**

1. Design the floor plan of the entire facility.
2. Classify major item symbols by where they will be located.
3. Designate other items that may be on the floor with the minor item legend and place them on the floor plan.
4. Ensure facility plan is complete and correct.

**DESCRIPTION OF FLOOR:** \_\_\_\_\_

**DESCRIPTION OF WALLS:** \_\_\_\_\_

**DESCRIPTION OF CEILING:** \_\_\_\_\_

Partition Wall: - - - - -  
 Floor to Ceiling Wall: \_\_\_\_\_

**INSTRUCTIONS:** Check all criteria that apply to each Room/Area. If the Room/Area does not meet minimum standards, the operator will be required to make modifications to meet the requirements. A permit will not be issued until all modifications have been made and a final inspection has been conducted.

# FORM 9: ROOM FINISH SCHEDULE

ROOM/AREA	MINIMUM CRITERIA	MEETS CRITERIA	SCHEDULE DATE If no, then a schedule date for the installation is required. N/A if yes.
Procedure Areas	<input type="checkbox"/> Smooth <input type="checkbox"/> Non-absorbent <input type="checkbox"/> Free of open Holes <input type="checkbox"/> Washable	YES/NO	
Restroom	<input type="checkbox"/> Smooth <input type="checkbox"/> Non-absorbent <input type="checkbox"/> Free of open Holes <input type="checkbox"/> Washable	YES/NO	
Body Piercing Room	<input type="checkbox"/> Smooth <input type="checkbox"/> Non-absorbent <input type="checkbox"/> Free of open Holes <input type="checkbox"/> Washable	YES/NO	
Drawing/Stencil Area	<input type="checkbox"/> Smooth <input type="checkbox"/> Non-absorbent <input type="checkbox"/> Free of open Holes <input type="checkbox"/> Washable	YES/NO	
Reception/Waiting Area	<input type="checkbox"/> Smooth <input type="checkbox"/> Non-absorbent <input type="checkbox"/> Free of open Holes <input type="checkbox"/> Washable	YES/NO	
Sterilization Room	<input type="checkbox"/> Smooth <input type="checkbox"/> Non-absorbent <input type="checkbox"/> Free of open Holes <input type="checkbox"/> Washable	YES/NO	
Nail and Hair Salon Activities <input type="checkbox"/> Check if Not Applicable	<input type="checkbox"/> Smooth <input type="checkbox"/> Non-absorbent <input type="checkbox"/> Free of open Holes <input type="checkbox"/> Washable	YES/NO	

**INSTRUCTIONS:** Copies of all building permits for modifications to the work station area (including but not limited to: plumbing, electrical, removal or construction of walls). Please include the description of the permit, the date it was obtained, and the date the modification was finished.

	BUILDING PERMIT DESCRIPTION	DATE OBTAINED	DATE FINISHED
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**BODY ART FACILITY ROOM SCHEDULE CERTIFICATION**

Body Art Facility Owner Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email/Fax: \_\_\_\_\_

I hereby certify, to the best of my knowledge, that the information given on the walls, floors and ceilings form is true and correct for the aforementioned facility and any construction done will meet the minimum criteria and be approved by the City/County Building department for the purpose of conducting body art at this facility.

**Body Art Facility Owner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# FORM 10: EQUIPMENT LIST

**INSTRUCTIONS:** Check all criteria that apply for each type of equipment. If the listed equipment does not meet minimum standards, the operator will be required to obtain new equipment to meet the requirements. A permit will not be issued until all equipment meets the minimum criteria and a final inspection has been conducted with all equipment to operate is present at the facility.

EQUIPMENT	MINIMUM CRITERIA	DESCRIPTION
Sinks	<input type="checkbox"/> Supply hot and cold water <input type="checkbox"/> Water Heater Tank Capacity _____ Gal. <input type="checkbox"/> Check if Tank less <input type="checkbox"/> Smooth, durable, and non-absorbent material <input type="checkbox"/> Unobstructed and accessible to all practitioners <input type="checkbox"/> Shall be permanently plumbed and meet local building and plumbing codes.	
Towel Dispensers	<input type="checkbox"/> Single use disposables <input type="checkbox"/> Wall Mounted	
Sharps Container	<input type="checkbox"/> Approved Sharps Container <input type="checkbox"/> Approved Hauler/Mail back system <input type="checkbox"/> Available for all procedure areas <input type="checkbox"/> Portable	
Inks	<input type="checkbox"/> Commercially Manufactured	
Gloves	<input type="checkbox"/> Single Use disposables	
Razor	<input type="checkbox"/> Single Use disposables	
Practitioner/Client Chair	<input type="checkbox"/> Smooth, durable, and non-absorbent material	
Client Record Keeping Cabinet	<input type="checkbox"/> Cabinet can be secured from unauthorized access	
Disposable Needles, Needle Bars, and Grommets	<input type="checkbox"/> Single Use disposables <input type="checkbox"/> Manufactured with lot numbers	
Counters, Table Tops, and Trays	<input type="checkbox"/> Smooth, durable, and non-absorbent material.	
Storage Cabinets for Equipment	<input type="checkbox"/> Prevents the contamination of the equipment (includes inks, tattoo	

EQUIPMENT	MINIMUM CRITERIA	DESCRIPTION
Containerized Liquid Soap Products used for the application of body art ex. Stencils and Transfer Agents Plastic Sheathing	<input type="checkbox"/> Readily accessible to the practitioner <input type="checkbox"/> Single use disposables <input type="checkbox"/> Single use disposables	machine, wrapping from dust and other sources.
Sterilization Equipment <input type="checkbox"/> Check if N/A	<input type="checkbox"/> Only equipment manufactured for the sterilization of medical instruments shall be used <input type="checkbox"/> Separated from procedure area by at least five feet or by a cleanable barrier <input type="checkbox"/> Must be able to be lined with a bag <input type="checkbox"/> Single Use disposables	
Waste Receptacle Plastic Sheathing		

**STERILIZED, PREPACKAGED DISPOSABLE FACILITIES ONLY**

- Check only if **sterilized, prepackaged disposable needles and tubes** will be used at the facility. If the operator decides to utilize an autoclave, they will be required to notify the Enforcement Agency and a re-inspection will be conducted to ensure that the autoclave and sterilization procedures meet minimum standards (Health and Safety Code Section 119315). The signing of this section certifies that the operator agrees to these terms and conditions.

Body Art Facility Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BODY ART FACILITY EQUIPMENT CERTIFICATION**

Body Art Facility Owner Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

I hereby certify, to the best of my knowledge, that the information given on the equipment list form is true and correct for the aforementioned facility and any new equipment will meet the minimum criteria for the purpose of conducting body art at this facility.

Body Art Facility Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FORM 11: PRACTITIONER LIST**

**ALL INFORMATION ON THIS FORM EXCEPT HOME ADDRESS AND PHONE INFORMATION WILL BECOME PUBLIC RECORD WHEN SUBMITTED TO THE KERN COUNTY ENVIRONMENTAL HEALTH DIVISION.**

**Facility Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INSTRUCTIONS:** List all practitioners and the service they provide. Include any owner or operator if they provide direct services to clients in addition to operating the facility.

FULL LEGAL NAME	DISCIPLINE	EMPLOYMENT STATUS
	<input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS <input type="checkbox"/> BRANDING	<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"/> BRANDING	<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"/> BRANDING	<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"/> BRANDING	<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"/> BRANDING	<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"/> BRANDING	<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"/> BRANDING	<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"/> BRANDING	<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"/> BRANDING	<input type="checkbox"/> OWNER/PRACTITIONER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> EMPLOYEE

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_