

# ENVIRONMENTAL HEALTH DEPARTMENT

## LAND USE AGENCY

810 COURT STREET • JACKSON, CA 95642-2132 • PHONE (209) 223-6439 • FAX (209) 223-6228



### TATTOO PERMIT UPDATE

THE INFORMATION REQUESTED BELOW IS NEEDED TO UPDATE OUR FILES PRIOR TO ISSUANCE OF THE CURRENT HEALTH PERMIT.  
PLEASE COMPLETE THE FORM AND RETURN IT WITH YOUR PERMIT FEE AS SHOWN ON THE ENCLOSED INVOICE. THANK YOU.

#### OWNER/OPERATOR:

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Nature of Business: (Please ✓ all that apply)  Tattooing  Body Piercing  Permanent Cosmetics

#### FACILITY:

Name: \_\_\_\_\_

Site Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Assessor's Parcel No. \_\_\_\_\_

Days of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_

#### EMERGENCY NOTIFICATION:

Contact #1: Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Contact #2: Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

\_\_\_\_\_  
Owner/Operator's Signature

\_\_\_\_\_  
Date