



CONTRA COSTA
ENVIRONMENTAL HEALTH DIVISION
 2120 DIAMOND BOULEVARD, SUITE 200
 CONCORD, CA 94520
 (925) 692-2500 (925) 692-2502 FAX
 www.cchealth.org/eh/



PRACTITIONER LOCATION OF OPERATION AGREEMENT

Section 119306(a) of the California Safe Body Art Act states that a person shall not perform body art at any locations other than a permitted permanent or temporary body art facility.

**THIS LETTER MUST BE RENEWED ANNUALLY BY THE BODY ART PRACTITIONER
 FOR EACH FACILITY THEY ARE OPERATING FROM.**

I) THIS SECTION TO BE COMPLETED BY THE BODY ART PRACTITIONER

Practitioner Name: _____ Registration Number: _____
 Practitioner Mailing Address: _____ City: _____ Zip Code: _____
 Phone: _____ Email: _____

II) THIS SECTION TO BE COMPLETED BY THE BODY ART FACILITY OWNER

The above Body Art Practitioner has my permission to use my permitted Body Art Facility (Listed below) to perform Body Art. I will notify Contra Costa Environmental Health if the above Body Art Practitioner is no longer practicing body art at my permitted facility.

Facility Name: _____ Health Permit PR #: _____
 Facility Address: _____ City: _____ Zip Code: _____
 Phone: _____ Email: _____

Permit Owner Name (Print): _____

Signature: _____ Date: _____

OFFICE USE ONLY

VERIFICATION OF FACILITY

Permit Year: _____ Reviewed By: _____ Date: _____