



# CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES | BUREAU OF ENVIRONMENTAL HEALTH  
BODY ART PROGRAM

2525 Grand Avenue, Room 220 | Long Beach, CA 90815 | Phone: (562) 570-4132 Fax: (562) 570-4038  
www.longbeach.gov/health/eh



## BODY ART PRACTITIONER ANNUAL REGISTRATION APPLICATION

### I. PROCEDURES TO BE PERFORMED: *Check all that apply (see back for definitions)*

Tattooing       Body Piercing       Permanent Cosmetics       Branding

### II. APPLICANT INFORMATION:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone/Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Female       Male

Identification Type:  Drivers License       Other      Identification No.: \_\_\_\_\_

#### Evidence of Six-months of Related Experience

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

Address: \_\_\_\_\_ City/County: \_\_\_\_\_ State: \_\_\_\_\_

Service you Provided: \_\_\_\_\_

Supervisor Name and Contact Information: \_\_\_\_\_

#### Bloodborne Pathogen Training: *Submit Certificate*

Date Completed: \_\_\_\_\_ Training Provided by: \_\_\_\_\_

#### Hepatitis B Vaccination Status: *Choose One and Submit Documentation*

1  Certification of Completed Vaccination      3  Contraindicated for Medical Reasons

2  Laboratory Evidence of Immunity      4  Vaccination Declination

### III. FACILITY LOCATION(S) WHERE YOU PRACTICE: (Attach additional sheets as necessary)

1. BUSINESS NAME: \_\_\_\_\_

Owner/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. BUSINESS NAME: \_\_\_\_\_

Owner/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The undersigned hereby applies for a Body Art Practitioner Annual Registration and agrees to operate in accordance with all applicable state and local requirements governing safe body art practices.

**I hereby certify that to the best of my knowledge and belief that the statements made herein are true and correct.**

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

### FOR OFFICE USE ONLY:

Program (PE): \_\_\_\_\_ Fees: \_\_\_\_\_ Authorized by (REHS): \_\_\_\_\_



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## DEFINITIONS AND REFERENCES

### **I. PROCEDURES TO BE PERFORMED (§ 119300)**

**TATTOOING** – means the insertion of pigment in the human skin by piercing with a needle.

**BODY PIERCING** – means the creation of an opening in a human body for the purpose of inserting jewelry or other decoration. “Body piercing” includes, but is not limited to, the piercing of an ear, lip, tongue, nose, or eyebrow. “Body piercing” does not include the piercing of an ear when using a disposable, single-use, pre-sterilized clasp and stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear (with one exception).

**PERMANENT COSMETIC** - means the application of pigments in the human skin tissue for the purpose of permanently changing the color or appearance of the skin. This includes, but is not limited to, permanent eyeliner, eyebrow, or lip color.

**BRANDING** – means the process in which a mark or marks are burned into the human skin tissue with a hot iron or other instrument, with the intention of leaving a permanent scar.

### **II. APPLICANT INFORMATION (§ 119306, § 119312, § 119325)**

All applicants must provide government-issued identification with full name, mailing address, contact information and date of birth.

All body art practitioners **must** submit documentation on:

- Hepatitis B vaccination status
- Proof of blood-borne pathogen training.

First-time registrants must provide evidence of six-months of relate experience, including the contact information for the facility where they obtained the experience.

### **III. FACILITY LOCATION (§ 119306, § 119312, § 119325)**

All applicants must provide the business name, location address, and contact information in which they will perform body art. If a practitioner performs at multiple locations, each location must be identified.

### **RETURN ANNUAL REGISTRATION APPLICATION TO:**

**City of Long Beach**  
Department of Health and Human Services  
Bureau of Environmental Health  
Attn: Victoria Chavez  
2525 Grand Avenue, Room 220  
Long Beach, CA 90815