



Ventura County Environmental Health Division
 800 S. Victoria Ave., Ventura CA 93009-1730
 TELEPHONE: 805/654-5007 or FAX: 805/477-1595
 Internet Web Site Address: <https://vcrma.org/body-art-program>

BODY ART FACILITY PLAN CHECK APPLICATION

APPLICANT: Complete the requested information

Applicant Name _____ Phone # _____ Email Address _____
 Mailing Address _____
 Name of Proposed Body Art Facility (DBA) _____
 Address _____
 Type of Body Art Facility _____ Phone # _____
 Brief Description of Work _____

Submit the following information:

- 1a. For electronic plans use a Portable Document Format (PDF) and have a scaled size of 11 x 17 inches. Email to glenn.austin@ventura.org or candice.kretschmer@ventura.org
- 1b. For paper plans, the maximum paper size is 11 x 17 inches and must accompany this application.
2. A copy of your Body Art Facility Infection Prevention and Control Plan.
3. Facility Finish Schedule, client consent forms, aftercare forms, and client medical questionnaire forms.
4. Copy of the City Business License.
5. Application for Registration to Perform Tattoo, Body Piercing, Branding and Permanent Cosmetics (required if body art facility owner will be performing body art practitioner activities at facility).

Plan check guide and forms can be found at: <https://vcrma.org/body-art-program>

The body art facility health permit will be issued after plan approval, passing facility inspection, and payment of all fees.

I acknowledge that I am responsible for obtaining all permits and meeting all requirements needed to complete the work approved per this application.

Print Name _____ Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

Received by _____ Date _____ Amt. Received _____

Check # _____ Receipt # _____ SR # _____

Plans Submitted Electronically Plans Approved Plans Denied

