



APPLICATION FOR TEMPORARY REGISTRATION FOR BODY ART

BODY ART PRACTITIONER INFORMATION

NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

COUNTY WHERE CURRENTLY REGISTERED AS A BODY ARTIST: _____

REGISTRATION NUMBER: _____

NAME(S) OF BODY ART FACILITY WHERE EMPLOYED:

1. INDICATE THE SERVICES YOU WILL BE PROVIDING, CIRCLE ALL THAT APPLY:

- a. Tattooing
- b. Permanent Cosmetics
- c. Body Piercing
- d. Branding

2. HAS PROVIDED THE FOLLOWING:

- _____ IDENTIFICATION (AGE 18 OR OLDER)
- _____ VALID BODY ART REGISTRATION
- _____ HEPATITIS B VACCINATION DOCUMENTATION
- _____ CERTIFICATION OF COMPLETED VACCINATION
 - _____ EVIDENCE OF IMMUNITY
 - _____ VACCINATION DECLINATION
- _____ BLOOD-BORNE PATHOGEN TRAINING CERTIFICATE

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE. I AGREE TO COM-PLY WITH AND CONFORM TO ALL CONDITIONS, ORDERS AND DIRECTIONS, ISSUED PURSUANT TO THE CALIFORNIA HEALTH AND SAFETY CODE, AND ALL APPLICABLE COUNTY AND CITY ORDINANCES.

I HAVE RECEIVED A COPY OF AND READ THE BODY ART FACILITY REQUIREMENTS AND/OR THE SAFE BODY ART ACT, AND I HEREBY CERTIFY THAT I HAVE KNOWLEDGE OF, AND COMMITMENT TO MEET, STATE LAW PERTAINING TO BODY ART SAFETY.

NAME: _____

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

DATE RECEIVED _____ RECEIVED BY _____ ASSIGNED TO _____

ENTERED BY _____ ENTERED DATE _____

AMOUNT DUE _____ AMOUNT PAID _____

SR# _____ FA# _____ PR# _____

INVOICE NUMBER _____

APPROVED BY: _____ DATE _____



COUNTY OF NEVADA COMMUNITY DEVELOPMENT AGENCY

950 MAIDU AVENUE, SUITE 170, NEVADA CITY, CA 95959-8617
PH: (530) 265-1222 FAX: (530) 265-9854 <http://www.mynevadacounty.com>

Agricultural Commissioner

Building Department

Environmental Health

Planning Department

Dept. of Public Works

AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay* form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.mynevadacounty.com>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:

Invoices and/or notices to be mailed to:

APN: — —	Name:
Property Owner/Business Name (if applicable):	Address:
Address:	
	Telephone:
Email:	Email:

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: _____

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

_____ Dated: _____ CDL# _____
Printed Name

Signature

THIS SECTION FOR OFFICE USE ONLY

Service: _____	Program: _____	Job No: _____
Amount: \$ _____	Check #: _____	Receipt #: _____
		Date of Receipt: _____
Service: _____	Program: _____	Job No: _____
Amount: \$ _____	Check #: _____	Receipt #: _____
		Date of Receipt: _____