



BODY ART FACILITY

APPLICATION FOR PERMIT TO OPERATE

TYPE OF SERVICE: Check all that apply.

- TATTOO, BODY PIERCING, PERMANENT COSMETICS, BRANDING

TYPE OF PERMIT:

Table with 3 columns: TYPE OF PERMIT, FEE, PE. Rows include BODY ART FACILITY PERMIT, PERMANENT MAKEUP FACILITY (1 ROOM), and PERMANENT MAKEUP FACILITY (MULTIPLE ROOMS).

FACILITY section containing fields for Name of Facility, Address, Email Address, Phone No., and various facility-related questions with YES/NO options.

OWNER section containing fields for Owner Name, Address, Email, Billing Address, and Date of Birth.

I hereby certify that all statements made in this application are true and correct. I agree to operate in accordance with all applicable state and local regulations regarding body art (AB 300) and body art facilities.

SIGNATURE DATE

OFFICE USE ONLY section containing fields for Amount Paid, Date, EH Receipt No., PR No., and checkboxes for APPROVED/NOT APPROVED.



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:

Table with 2 columns: Site Information and Invoices and/or notices to be mailed to. Rows include APN, Property Owner/Business Name, Address, Telephone, and 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.

Printed Name, Dated, CDL#, Signature

THIS SECTION FOR OFFICE USE ONLY

Form for office use only with fields for Service, Amount, Check #, Program, Receipt #, Job No, and Date of Receipt.