

ENVIRONMENTAL HEALTH DEPARTMENT

LAND USE AGENCY

810 COURT STREET • JACKSON, CA 95642-2132 • P: (209) 223-6439 • E: ACEH@amadorcounty.gov



TATTOO PERMIT UPDATE

THE INFORMATION REQUESTED BELOW IS NEEDED TO UPDATE OUR FILES PRIOR TO ISSUANCE OF THE CURRENT HEALTH PERMIT.
PLEASE COMPLETE THE FORM AND RETURN IT WITH YOUR PERMIT FEE AS SHOWN ON THE ENCLOSED INVOICE. THANK YOU.

OWNER/OPERATOR:

Name _____

Street Address _____ City _____ State/Zip _____

Phone _____ Alt. Phone _____

Mailing Address _____ City _____ State/Zip _____

Nature of Business: (Please ✓ all that apply) Tattooing Body Piercing Permanent Cosmetics

FACILITY:

Name: _____

Site Address _____ City _____ State/Zip _____

Mailing Address _____ City _____ State/Zip _____

Phone _____ Assessor's Parcel No. _____

Days of Operation _____ Hours of Operation _____

EMERGENCY NOTIFICATION:

Contact #1: Name _____ Day Phone _____ Night Phone _____

Contact #2: Name _____ Day Phone _____ Night Phone _____

Owner/Operator's Signature

Date