



# MONO COUNTY HEALTH DEPARTMENT

## Environmental Health

P.O. BOX 476, BRIDGEPORT, CA 93517 PHONE (760) 932-5580 • FAX (760) 932-5284

P.O. BOX 3329, MAMMOTH LAKES, CA 93546 PHONE (760) 924-1830 • FAX (760) 924-1831

## Body Art Facility Permit Application

<b>Facility Name and Location Information:</b>	
Facility Name:	Facility Address:
<b>Facility Owner Information:</b>	
Owner's Name:	Owner's Date of Birth:
Owner's Mailing Address:	
Telephone Number :	
E-mail Address:	
Emergency Contact & Telephone Number:	
<b>Certification and Signature:</b>	
The signature shall constitute certification that the signer is the facility owner or has been authorized by the owner to sign the application, that the information provided in and with the application is true, complete, and not misleading to the knowledge and belief of the signer; and the signer understands that any license granted based on false, incomplete, or misleading information shall be subject to suspension or revocation.	
Signature: _____	Title: _____
Name: _____	Date: _____
(Please Print)	

**Permit Fee: See Fee Schedule** – Make checks payable to: Mono County Health Dept.

Mail to:

Mono County Health Department  
Environmental Health  
P.O. Box 3329  
Mammoth Lakes, CA 93546