



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

Facility Name and Location Information:	
Facility Name:	Facility Address:
Facility Owner Information:	
Owner's Name:	Owner's Date of Birth:
Owner's Mailing Address:	
Telephone Number :	
E-mail Address:	
Emergency Contact & Telephone Number:	
Certification and Signature:	
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: (Please Print)	Date:

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