



**BODY ART TEMPORARY BOOTH APPLICATION**

<b>OPERATING AT:</b> <input type="checkbox"/> TEMPORARY EVENT <input type="checkbox"/> BODY ART SCHOOL <input type="checkbox"/> PERMITTED FACILITY	<b>TYPE OF PERMIT:</b> <input type="checkbox"/> DEMONSTRATION BOOTH
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<b>TYPE OF SERVICE:</b> <input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS <input type="checkbox"/> BRANDING <input type="checkbox"/> Other: _____
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**FACILITY OR EVENT INFORMATION**

NAME OF EVENT:	DATES:
EVENT BUSINESS NAME:	NAME OF EVENT ORGANIZER:
EVENT ADDRESS:	

<b>OPERATOR</b>	BOOTH BUSINESS NAME:	BOOTH #:	# OF PRACTITIONERS:
	BILLING ADDRESS:	CITY:	STATE:
	CONTACT NAME:	PHONE:	EMAIL:

Provide names of all body art practitioners at booth, county where registered and registration number for each individual. If practitioner does not have a California registration, he/she must apply for registration from County of Santa Clara Department of Environmental Health (DEH) prior to participating in the temporary event. Registration must be present and visually displayed at the booth along with a photo ID.

<b>PRACTITIONERS</b>	NAME	COUNTY REGISTERED	REGISTRATION #

**INSTRUMENT**

**TYPE OF INSTRUMENT(S):**     SINGLE-USE DISPOSABLE     MULTI-USE EQUIPMENT REQUIRING STERILIZATION

All contaminated equipment must be decontaminated/sterilized prior to being removed from premises, or use of a licensed medical waste disposal company for removal of all sharps waste containers used during body art event.

**CLIENT FORMS**

Informed Consent Forms, Medical History, Aftercare Instructions, Client Procedure Log, Disposable Instrument/Needle Use Log, and Sterilization Log shall be provided by:     EVENT SPONSOR     BODY ART OPERATOR

**BODY ART DEMONSTRATION BOOTH OWNER/OPERATOR ACKNOWLEDGMENT**

- I have completed the application/notification to the best of my ability.
- I understand that I may be asked to provide additional information in order for the application/notification to be approved and that the information provided is considered part of the temporary body art event application.
- I understand that each practitioner within this demonstration booth shall have at least 50 sq ft of floor space to set up his/her workstation to provide body art procedures.
- I acknowledge that each practitioner within the demonstration booth must be registered in California and for reciprocity has not performed body art for more than 5 consecutive days or 15 days total in a calendar year outside of the county of his/her registration.
- I understand that failure to meet the conditions identified in this notification or failure to comply with requirements set forth in The Safe Body Art Act (California Health and Safety Code commencing with Section 119300) and Santa Clara County Ordinance Code B11 may result in the suspension of my approval to operate and/or may result in an administrative fine.
- I understand that once the application is reviewed, the application fee is non-refundable.

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

COMMENT \_\_\_\_\_

FACILITY ID # \_\_\_\_\_ DESIGNATED EMPLOYEE \_\_\_\_\_

APPROVED     DISAPPROVED

BY \_\_\_\_\_ EMP# \_\_\_\_\_ DATE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_