

TEMPORARY BODY ART FACILITY APPLICATION

EVENT:		EVENT DATE:	
OWNERS NAME:		NAME OF EVENT SPONSOR:	
SHOP NAME:		BOOTH #:	# OF PRACTITIONERS:
SHOP ADDRESS:		CITY:	STATE: ZIP:
PHONE NUMBER:		E-MAIL:	

Provide legal names of all body art practitioners at booth, county where registered and registration number for each individual. Provide a copy of current California registration.

PRACTITIONER NAME:	COUNTY REGISTERED:	REGISTRATION #:	BBP EXPIRATION

BODY ART TYPE	
<input type="checkbox"/> Tattooing <input type="checkbox"/> Body Piercing <input type="checkbox"/> Branding <input type="checkbox"/> Permanent Cosmetics	
TYPES OF INSTRUMENTS USED	
<input type="checkbox"/> Single-Use Disposable <input type="checkbox"/> Multi-Use Equipment Requiring Sterilization • All contaminated equipment must be decontaminated/sterilized prior to being removed from premises.	
BOOTH OPERATOR ACKNOWLEDGEMENT	
<p>I understand that I may be asked to provide additional information in order for the application to be approved and that the information provided is considered part of the booth application.</p> <p>I understand that failure to meet the conditions identified in this form or failure to comply with requirements set forth in the California Health and Safety Code may result in the suspension of my approval to operate and/or may result in an administrative fine.</p> <p style="color: red;">I understand that all practitioners operating within this booth are expected to comply with the Environmental Management Department Practitioner Requirements for Temporary Events guidance document. This document will be the basis of the booth compliance inspection.</p> <p>I will notify Sacramento County Environmental Health Division if practitioners change and will provide information above.</p>	
NAME OF SHOP OWNER/REPRESENTATIVE:	PHONE:
SIGNATURE:	DATE: