



**BODY ART EVENT EVENT SPONSOR APPLICATION**  
**FY 2026-2027**

|                                      |                                                                     |
|--------------------------------------|---------------------------------------------------------------------|
| <b>EVENT<br/>(Facility)</b>          | Name of Event: _____                                                |
|                                      | Location of Event: _____ City: _____ State: _____ Zip: _____        |
|                                      | Date(s) of Event: _____ Time Event Starts: _____                    |
| <b>BILL</b>                          | Billing Name: _____ Phone: _____                                    |
|                                      | Billing Address: _____ City: _____ State: _____ Zip: _____          |
| <b>EVENT<br/>SPONSOR<br/>(Owner)</b> | Event Contact Person: _____ Phone: _____                            |
|                                      | Address: (home or office) _____ City: _____ State: _____ Zip: _____ |

| SITE PLAN                                                                                                            |  | NUMBER OF BOOTHS                                                                                                |          |    |      |
|----------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|----------|----|------|
| <b>Submit a site plan showing the general layout of the event indicating location of the following:</b>              |  | # of booths with disposable equipment:<br>Booth = 100 sq. ft. or less (50sq. ft. per artist)                    |          |    |      |
| 1. Booths                                                                                                            |  | # of booths using equipment requiring sterilization:                                                            |          |    |      |
| 2. Water supply                                                                                                      |  | <b>FEES</b>                                                                                                     |          |    |      |
| 3. Toilet and hand washing facilities                                                                                |  | Body Art Event Sponsor                                                                                          | \$237.00 | PE | 4576 |
| 4. Trash disposal containers (quantity)                                                                              |  | Temporary Body Art Booth                                                                                        | \$78.00  | PE | 4575 |
| 5. Location of Decontamination/Sterilization areas (quantity)                                                        |  | Note: All booth fees and sponsor fees must be submitted by the event sponsor <b>30 days</b> prior to the event. |          |    |      |
| 6. Back-up supplies                                                                                                  |  |                                                                                                                 |          |    |      |
| <b>BODY ART BOOTHS</b>                                                                                               |  |                                                                                                                 |          |    |      |
| <b>Event sponsor is responsible for all requirements listed in California Health and Safety Code section 119318.</b> |  |                                                                                                                 |          |    |      |

Signed \_\_\_\_\_ Title/Position \_\_\_\_\_ Date \_\_\_\_\_

| OFFICIAL USE ONLY                                                                          |                   |   |                                    |  |                                       |
|--------------------------------------------------------------------------------------------|-------------------|---|------------------------------------|--|---------------------------------------|
| <b>CALCULATIONS</b>                                                                        |                   |   | <input type="checkbox"/> NEW EVENT |  | <input type="checkbox"/> ANNUAL EVENT |
| BODY ART EVENT SPONSOR FEE                                                                 | = \$ _____        | + | PROGRAM RECORD #                   |  | PE                                    |
| TOTAL BOOTHS _____ X \$ 78.00                                                              | = \$ _____        | + |                                    |  | PE                                    |
| <b>TOTAL FEES</b>                                                                          | <b>= \$ _____</b> |   |                                    |  |                                       |
| EMD RECEIPT#: _____ AMOUNT PAID: _____ DATE PAID: _____ NEW AR #: _____                    |                   |   |                                    |  |                                       |
| FACILITY ID #: _____ CT: _____ SPECIALIST: _____                                           |                   |   |                                    |  |                                       |
| COMMENTS: _____                                                                            |                   |   |                                    |  |                                       |
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED BY _____ DATE _____ |                   |   |                                    |  |                                       |

| DECONTAMINATION/STERILIZATION AREAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                        |  |  |                                            |  |                          |     |                          |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|--|--------------------------------------------|--|--------------------------|-----|--------------------------|----|
| Type of sink:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Permanent     |  |  | <input type="checkbox"/> Portable          |  |                          |     |                          |    |
| Portable Sink Service Company Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                        |  |  |                                            |  |                          |     |                          |    |
| Portable Sink Service Company address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                        |  |  |                                            |  |                          |     |                          |    |
| Ultrasonic (Model):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                        |  |  |                                            |  |                          |     |                          |    |
| Autoclave (Model):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                        |  |  | Date:                                      |  |                          |     |                          |    |
| Is this decontamination/sterilization area operated by the event sponsor?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                        |  |  |                                            |  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                        |  |  |                                            |  |                          |     |                          |    |
| <ul style="list-style-type: none"> <li>• Provide a copy of bloodborne pathogen training certificate for all employees working in the decontamination area.</li> <li>• Provide a copy of the Infection Prevention and Control Plan (IPCP) for operation of decontamination room, log with each load, integrators, and spore test results onsite.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                        |  |  |                                            |  |                          |     |                          |    |
| BODY ART FACILITY HAND WASHING STATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                        |  |  |                                            |  |                          |     |                          |    |
| Hand washing stations provided by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Event Sponsor |  |  | <input type="checkbox"/> Body Art Facility |  |                          |     |                          |    |
| Number of hand washing stations:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                        |  |  |                                            |  |                          |     |                          |    |
| Service Provider name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                        |  |  |                                            |  |                          |     |                          |    |
| Service Provider address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                        |  |  |                                            |  |                          |     |                          |    |
| <ul style="list-style-type: none"> <li>• For each hand washing station 5-gallons or more of water accessible via spigot, soap, single-use towels and a wastewater collector/holding tank is required. Up to four artists may share a centrally located hand washing station.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                        |  |  |                                            |  |                          |     |                          |    |
| PUBLIC TOILET FACILITIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                        |  |  |                                            |  |                          |     |                          |    |
| Anticipated peak attendance:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                        |  |  | Number of toilets:                         |  |                          |     |                          |    |
| Number of hand washing sinks:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                        |  |  | Warm water available:                      |  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| For multi-day events, how often will toilet facilities be cleaned?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                        |  |  |                                            |  | Times/day                |     |                          |    |
| WASTE DISPOSAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                        |  |  |                                            |  |                          |     |                          |    |
| Number of sharp containers per booth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                        |  |  | Number of trash containers:                |  |                          |     |                          |    |
| How often are trash containers emptied?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                        |  |  | Times/day                                  |  |                          |     |                          |    |
| <b>Provide the name, address and telephone number of company responsible for removal of all sharps waste containers:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                        |  |  |                                            |  |                          |     |                          |    |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                        |  |  |                                            |  |                          |     |                          |    |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                        |  |  |                                            |  |                          |     |                          |    |
| Phone #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                        |  |  |                                            |  |                          |     |                          |    |
| EVENT ORGANIZER ACKNOWLEDGEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                        |  |  |                                            |  |                          |     |                          |    |
| <p>I understand I shall provide a list of all booth operators participating in the event; to have back-up supplies available for purchase; and post in a conspicuous place the name, phone number, and directions to an emergency room near the event.</p> <p>I understand that all body art practitioners who will be participating in the event must be registered beforehand, including bloodborne pathogen training and Hepatitis B vaccination status.</p> <p>I have completed the application to the best of my ability. 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 application. I understand that failure to provide required information will delay or prevent approval of the event.</p> <p>I understand that failure to meet the conditions approved in this application may result in the suspension of approval to operate the event, suspension of the approval to operate the affected body art booths, and/or may result in an additional fees.</p> <p>I understand that I am responsible for obtaining approval from all applicable agencies.</p> <p>I understand that once the application is reviewed the application fee is non-refundable.</p> |  |                                        |  |  |                                            |  |                          |     |                          |    |
| Sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                        |  |  | Phone                                      |  |                          |     | Date                     |    |

# EVENT SPONSOR CHECKLIST FOR A TEMPORARY BODY ART EVENT

This checklist is provided to guide the Body Art event sponsor in obtaining the temporary event permit and practitioner booth permits that will meet public health and safety requirements established in California Health and Safety Code sections 119317 and 119318. The application package is required to be submitted a **minimum of 30 days** prior to the date of the event.

- ❑ **A Schematic Drawing of the Body Art Event Floor Plan-** The schematic must show the general layout of the facility to include: the demonstration booth locations, assigned number and company name, potable water supply, waste water discharge location, commercial hand washing stations, bathroom locations, posted information for the nearest emergency room, and if applicable the decontamination/sterilization area. The decontamination/sterilization area shall include: autoclave, ultrasonic cleaner and hand washing station.
- ❑ **Participating Practitioner/Company List-** The list shall be comprised of each company, the corresponding booth number, mailing address including postal zip code, phone number, email and name of responsible party for each company within the booth.
- ❑ **Sharps Disposal-** A copy of the disposal agreement from an approved disposal service for the sharps. Provide method of sharps handling and disposal (properly labeled, portable sharps containers in each demonstration booth and decontamination station). Pick-up frequency and overnight sharps storage for multi-day events must be included.
- ❑ **Demonstration Booth Requirements-** Provide a schematic drawing showing the following:
  - ❑ At least 50 square feet for each practitioner
  - ❑ Floors, tables and chairs must be non-porous and cleanable
  - ❑ Must have a partition of at least three feet in height separating procedure area from public
  - ❑ Must have adequate light at level where practitioner is doing body art
  - ❑ Used exclusively for performing body art
- ❑ **Copies of Valid Body Art Practitioner Registrations-** All persons who will perform body art procedures at the event must submit valid registration.
- ❑ **Antiseptic Hand Sanitizer-** Each booth should have hand sanitizing solution.
- ❑ **Decontamination/Sterilization-** Area must be separated from any procedure area by at least five feet or a cleanable barrier. Area should include: autoclave, sink w/hot and cold water, work area, ultrasonic cleaner and personal protective equipment.
- ❑ **Backup Supplies-** Discuss the availability of single use supplies for practitioner purchase and use, including pre-sterilized needles, tubes, piercing equipment, barrier films, ink cups, gloves and protective equipment, lubricants, sterile dressings and all necessary forms i.e. client consent, medical history, aftercare instructions, client procedure log, disposable instrument use log, single-use log, and sterilization log (for the decontamination/sterilization booth).
- ❑ **Trash and Wastewater Removal Frequency-** Provide method of removal and disposal of trash from the demonstration booths. Document the frequency on a maintenance log.
- ❑ **Hand Wash Maintenance-** Provide the method and frequency that will be utilized to remove waste water and recharge potable water for the hand wash stations or hand wash equipment in the booths.