



## APPLICATION TO SPONSOR A TEMPORARY BODY ART EVENT HEALTH PERMIT

<b>SECTION A HEALTH PERMITS ARE NOT TRANSFERABLE</b>			
<b>SPONSOR INFORMATION</b>			
Name of Sponsor:		Birthdate:	Phone Number:
Company/Organization (if applicable):		E-Mail:	
Home Address:	City:	State:	Zip:
Mailing Address (if different):	City:	State:	Zip:
<b>DETAILS OF TEMPORARY EVENT</b>			
Name of Event:			
Date(s) of Event:		Total Number of Days for Event:	
Set Up Time: _____ a.m. p.m. To: _____ a.m. p.m.			
Open to Public: _____ a.m. p.m. To: _____ a.m. p.m.			
Name of Event Sponsor/Coordinator:			
Event Sponsor/Coordinator Cell Phone Number:			
<b>SECTION B</b>			
<p>The Application to Sponsor a Temporary Body Art Event Health Permit along with the following information must be submitted at least two weeks prior to the event by the Sponsor of the proposed event. Environmental Health Services (EHS) must verify all requirements listed below prior to the issuance of a Temporary Event Health Permit. Health permits are non-transferable and must be posted in a conspicuous place within the temporary body art event location.</p> <p>The name, telephone number, and directions to an emergency room located near the temporary event must be posted in a conspicuous location.</p> <p>The sponsor shall obtain all necessary permits to conduct business in the jurisdiction where the event will be held including a valid health permit issued by EHS. A sponsor who violates these requirements will be subject to closure of the temporary body art event and a penalty of up to three times the cost of the permit.</p>			
<b>Provide the following information:</b>			
Total number of demonstration booths: _____			
Frequency of garbage disposal: _____			
Name of licensed medical waste disposal company: _____			
Registration number for medical waste disposal company: _____			
<b>ALL OF THE FOLLOWING INFORMATION MUST BE PROVIDED WITH THE APPLICATION</b>			
Complete the Application to Sponsor a Temporary Body Art Event Health Permit			
Site map that includes the following:			
_____ 1. Building entrances and exits	_____ 6. Handwashing sink(s) - Direct access to practitioners Number of sinks to be provided: _____		
_____ 2. Decontamination and sterilization area(s) - At least five (5) feet from the procedure areas or a cleanable barrier.	_____ 7. Potable water sources(s)		
_____ 3. Demonstration booths	_____ 8. Storage area(s) for backup equipment and supplies- The sponsor is required to provide adequate backup supplies that are stored properly.		
_____ 4. Emergency contact information - Posted near the temporary body art event.	_____ 9. Toilet facilities		
_____ 5. Eyewash station(s)			
Applicable fee for Sponsor of a Temporary Body Art Event			
Valid photo identification - Must be at least 18 years of age			
I hereby acknowledge reviewing and agree to abide by the requirements stated on the Body Art Temporary Event Sponsor Information sheet. <b>Initials:</b> _____			

**SECTION C LIST OF PARTICIPANTS/VENDORS**

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Location: \_\_\_\_\_

As an event sponsor, you are authorizing the list of participants/vendors to participate at the event stated above. The following list of participants/vendors must be submitted to EHS along with the Application to Sponsor a Temporary Body Art Event Health Permit.

**Permits for Temporary Body Art Facilities will only be issued to participants/vendors included in this list.**

Submit additional lists as needed.

**LIST OF PARTICIPANTS/VENDORS**

NAME OF THE TEMPORARY FACILITY (MAXIMUM 4 ARTISTS PER BOOTH)	NAME OF OWNER	PHONE NUMBER	E-MAIL ADDRESS	NUMBER OF BOOTHS	PR# AS SHOWN ON VENDOR HEALTH PERMIT
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

**SECTION D Temporary Body Art Facility**

Name of Event:

A completed Application for Temporary Event Body Art Facility Health Permit must be submitted at least 48 hours prior to the event. Health permits are non-transferable and must be posted in a conspicuous place within the temporary body art booth or location.

Temporary Body Art Facility Health Permits will only be issued for temporary body art facilities (participants) that will be operating at an approved body art event. The event must have a permitted sponsor in accordance with AB 300 requirements.

A practitioner\* may, in the local jurisdiction of registration, practice in a temporary demonstration booth for **no more than 7 days in a 90-day period.**

Select the Types of Activities:  Tattoo  Body Piercing  Permanent Cosmetics  Branding

**I hereby acknowledge reviewing and agree to abide by the Requirements stated on the Temporary Body Art Facility Information Sheet.**

Initials:

**PRACTITIONER INFORMATION**

(maximum 4 artists per booth)

Name	Registration Number	*County of Registration	Expiration Date
1.			
2.			
3.			
4.			

\*A valid and current practitioner registration issued by a local enforcement agency other than the *County of San Bernardino* will only be valid for five consecutive days, or 15 days total, in a calendar year. Attach additional paperwork if necessary.

**DECLARATION AND SIGNATURE**

**ALL FEES ARE DUE AND PAYABLE PRIOR TO THE FIRST DAY OF OPERATION.**

**Make checks payable to: COUNTY OF SAN BERNARDINO**

This application and all subsequent fees must be submitted at least two weeks prior to the event. A late fee will be assessed if the application is not completed a full 48 hours prior to the day of operation (**Example: Fees are due on Wednesday for a Saturday event**). Failure to complete the application and pay all fees will result in the assessment of a delinquent fee or closure of the event.

I declare under the penalty of law, that to the best of my knowledge and belief, the statements made herein are correct and true. I certify that I am at least 18 years of age. I have knowledge of, and commitment to meet state law and relevant local regulations pertaining to body art safety. I hereby submit this application for health services in accordance with the laws, ordinances and regulations that are now and may herein after be in force by the Federal Government, State of California, and San Bernardino County pertaining to body art. I hereby consent to all necessary inspections incident to the issuance of a health permit and the operation of the business. Furthermore, I understand that failure to meet all requirements of the Safe Body Art Act and San Bernardino County will result in closure of my temporary body art facility.

Signature:

Date:

Print Name:

Title:

**For Office Use Only**

Fee:	FA Number:	Record ID:	PE Number:
Late Fee: Yes <input type="checkbox"/> No <input type="checkbox"/>	Designated Employee: <input type="checkbox"/>		Received By:
Check One: New <input type="checkbox"/>		Transfer <input type="checkbox"/>	Reactivate <input type="checkbox"/>
Changes (specify):			