

Body Art Temporary Event Sponsor Information

Sponsors of a temporary body art event in San Bernardino County are required to obtain a valid health permit or be subject to closure. Health permits are non-transferable and must be posted in a visible place within the temporary body art event location. In order to obtain a valid health permit, the steps listed below must be completed.

- 1. Complete and submit the *Application to Sponsor a Temporary Body Art Event Health Permit* at least two weeks prior to the event.
- 2. Submit a site map as requested on the Application to Sponsor a Temporary Body Art Event Health Permit.
- 3. Pay all applicable fees for Sponsor of a Temporary Body Art Event.

The sponsor(s) of a temporary body art event are responsible for ensuring the availability of support facilities and supplies for practitioners and vendors, including, but not limited to:

- Access to a potable water supply.
- One hand wash area for every <u>two</u> demonstration booths.
- Restrooms that have: flush toilets supplied with toilet paper; hand wash sinks supplied with hot and cold
 potable running water; soap; and single-use paper towels to which practitioners have direct access.
- Sharps waste containers for each demonstration booth.
- The use of a licensed medical waste disposal company for removal of all sharps waste containers used during the body art event.
- Frequent trash pickup from demonstration booths.
- An eye wash station.
- A decontamination and sterilization area that is separated from the procedure area by at least five feet or by a cleanable barrier.
- Adequate backup supplies that can be purchased by practitioners, including, but not limited to:
 - Absorbent dressing materials
 - Barrier film
 - Clip cord covers
 - Ink cups
 - Nitrile and latex gloves
 - Single-use tubes of water-based and petroleumbased lubricants
- Plastic bags and wrap
- Pre-sterilized:
 - ✓ Tattoo needles
 - ✓ Needle tubes
 - ✓ Piercing instruments, including, but not limited to, needles, receiving tubes corks, marking tools, and forceps

The name, telephone number, and directions to an emergency room near the temporary body art event must be posted in a conspicuous location.

Each practitioner working in a booth at a temporary body art event must display his/her certificate of registration, or keep the certificate in a folder that is available for inspection upon request of the enforcement officer or a client.

The sponsor must obtain all necessary permits to conduct business in the jurisdiction where the event will be held, including a valid health permit issued by Environmental Health Services. A sponsor who violates these requirements must be subject to closure of the temporary body art event and a penalty of up to three times the cost of the permit.

385 N Arrowhead Ave, 2nd floor, San Bernardino, CA 92415 Phone: 800.442.2283

Fax: 909.387.4323 Email: TFF@dph.sbcounty.gov Website: ehs.sbcounty.gov

APPLICATION TO SPONSOR A TEMPORARY BODY ART EVENT HEALTH PERMIT

SECTION A HEALTH PERMITS ARE NOT TRANSFERABLE					
SPONSOR INFORMATION					
Name of Sponsor: Birt	hdate:	Phone Number			
Company/Organization (if applicable):	E-Ma	il:			
Home Address: City	/ :	State:	Zip:		
Mailing Address (if different):	/ :	State:	Zip:		
DETAILS OF TEMPO	ORARY EVENT				
Name of Event:					
Date(s) of Event: Total N	lumber 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:					
SECTION B					
The Application to Sponsor a Temporary Body Art Event Health					
submitted at least two weeks prior to the event by the Sponsor of (EHS) must verify all requirements listed below prior to the issua					
permits are non-transferable and must be posted in a conspicuo					
The name, telephone number, and directions to an emergency re	oom located near tl	ne temporary event i	must be posted		
in a conspicuous location.		, , , , , , , , , , , , , , , , , , , ,	,		
The sponsor shall obtain all necessary permits to conduct busine	ess in the jurisdiction	on where the event w	vill be held		
including a valid health permit issued by EHS. A sponsor who vie			ct to closure of		
the temporary body art event and a penalty of up to three times the cost of the permit.					
Provide the following information:					
Total number of demonstration booths:					
Frequency of garbage disposal:					
Name of licensed medical waste disposal company:					
Registration number for medical waste disposal company:					
ALL OF THE FOLLOWING INFORMATION MUST BE PROVIDED WITH THE APPLICATION					
Complete the Application to Sponsor a Temporary Body Art Event Health Permit					
Site map that includes the following:					
1. Building entrances and exits		ing sink(s) - Direct a	ccess to		
	practitione	rs sinks to be provided	1.		
2. Decontamination and sterilization	Number of	siliks to be provided	4		
area(s) - At least five (5) feet from the procedure areas or a cleanable barrier.	7. Potable wa	ater sources(s)			
'	0.0				
3. Demonstration booths		ea(s) for backup equ The sponsor is requir			
4. Emergency contact information - Posted		packup supplies that			
4. Emergency contact information - Posted near the temporary body art event.	properly.				
5. Eyewash station(s)	9. Toilet facili	ties			
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 requi	rements stated on	the Body Art Tempo	rary Event		
Sponsor Information sheet. Initials:					

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 <u>4</u> 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		Tempora	ary Body Art Facil	lity		
Name of Event:						
	th permits are		rt Facility Health Permit d must be posted in a			
			e issued for temporary nust have a permitted			participants) that will be ce with AB 300
A practitioner* may than 7 days in a 9		•	tion, practice in a temp	orary demo	nstration	booth for no more
Select the Types of			Piercing Perma	nent Cosm	etics	Branding
I hereby acknowled Temporary Body			e by the Requiremen	ts stated or	the	Initials:
		PRACTITION	ONER INFORMAT	ION		
		(maxim	num <u>4 artists per booth)</u>			
Name	•	Registrat	ion Number	*Coun Registr		Expiration Date
1.						
2.						
3.						
4.						
*A valid and current practitioner registration issued by a local enforcement agency other than the <i>County of San Bernardino</i> will only be valid for five consecutive days, or 15 days total, in a calendar year. Attach additional paperwork if necessary.						
		DECLARAT	TION AND SIGNAT	ΓURE		
	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 (<i>Example: Fees are due on Wednesday for a Saturday event</i>). Failure to complete the application and pay all fees will result in the assessment of a delinquent fee or closure of the event.						
and true. I certify the local regulations per laws, ordinances a California, and Sar issuance of a heal	nat I am at lease ertaining to boand regulations a Bernardino C th permit and	st 18 years of age. If dy art safety. I herebe that are now and macounty pertaining to be the operation of the	by submit this application app	d commitme on for health ree by the Fo ent to all ned e, I understa	ent to mee h service ederal Go cessary ir and that fa	et state law and relevant es in accordance with the overnment, State of nspections incident to the
Signature:				_		Date:
Print Name:				Title:		
		For	Office Use Only			
Fee:	FA Number:		Record ID:		PE Nun	nber:
Late Fee: Yes	No D	esignated Employee:			Receive	ed By:
Check One: New		Transfer	Reactivate			
Changes (specify):						