



Temporary Body Art Event Application

Event Details
Name: _____
Location Address: _____
Dates and Times: _____

Body Art Sponsor Details
Name: _____
Mailing Address: _____
Telephone: _____ Email: _____

Practitioner Details				
Number of Practitioners: _____				
Practitioner Name	Booth Name	CA County Registration	Registration Number	Expiration Date

Attach the Body Art Practitioner List if there are more than three Practitioners.

Event Details
Types of Body Art offered (Tattooing, Piercing, Branding): _____
Number of Body Art Booths using single-use disposable equipment: _____
Number of Body Art Booths using multi-use equipment requiring sterilization: _____
Number of Practitioner – only hand wash sinks (one required for every two booths): _____
Number of Sharps Waste containers per Booth (one required per booth): _____
Name, Address and Telephone number of the Licensed Medical Waste disposal company to be used for Sharps Disposal: _____

Number of trash containers per Booth: _____
Will each Booth contain at least 50 square feet for each practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No

Will there be Food Vendors at this event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the Booths be located in a Building with Handwashing Facilities with hot and cold running water, soap, and single-use paper towels to which the Practitioners have direct access?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the Practitioners have direct access to Flush Toilets supplied with toilet paper and with Handwashing Facilities with hot and cold running water, soap, and single-use paper towels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be three feet height minimum partitions separating the procedure areas and practitioner hand wash areas from the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the floor, tables and chairs within the booths be non-porous and cleanable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will all Practitioners have current California Body Art Registration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Schematic Drawing of the Event Floor Plan
<p>Provide a schematic drawing that includes all locations of:</p> <ol style="list-style-type: none"> 1. Booths with assigned number and company name. 2. Practitioner hand-wash areas within the booths. 3. Hand-wash facilities with hot and cold running water. 4. Toilet facilities. 5. Three feet minimum height barriers between booths and the public. 6. Posted information for the nearest emergency room. 7. Decontamination / Sterilization area, if applicable. Include the Sterilization Equipment. 8. Backup supplies required by California Health & Safety Code section 119318(c)(8). 9. Disposal point for Practitioner hand-wash area waste water containers.

Forms and Documents
<p>Provide copies of all forms and documents the sponsor will have available for practitioner use. These forms and documents include client consent forms, medical history forms, aftercare instructions and single-use instrument logs.</p>

Event Fees	
Application Fee:	\$ 486
Booth Fee:	#Booths: _____ X \$162 = \$ _____
Total Fee:	\$ _____
<p>The event may be selected for inspection. The Event Sponsor will be invoiced for application review and inspection time that exceeds the initial Total Fee. The current rate is \$162/hour. Time outside regular business hours of 8 am – 5 pm, Monday – Friday is invoiced at \$243/hour with a three hour minimum.</p>	
<p>Pay the fees online or at the San Joaquin County Environmental Health Department. The fee and payment information can be found at: https://www.sjgov.org/departments/envhealth .</p>	

Sponsor Acknowledgement

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.

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.

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.

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.

I understand that I am responsible for obtaining approval from all applicable agencies.

I understand that once the application is reviewed the application fee is non-refundable.

Name: _____

Signature: _____

Date: _____