



EVENT SPONSOR APPLICATION FOR TEMPORARY EVENTS

Acceptable forms of payment: Cash (only at the counter), VISA, MASTERCARD, or check made payable to San Mateo County Environmental Health Services.

Temporary Event Dates/Hours: _____

Sponsor Name: _____

Applicant Name: _____ Email: _____

Contact Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

LOCATION INFORMATION

Location Name: _____

Location Address: _____ City: _____

Location Contact Name: _____ Phone Number: _____

APPLICATION PACKET CHECKLIST

1. Event Sponsor Application for Temporary Events (with payment)
2. Sponsor Application Plan Checklist and required attachments
3. Support Facility and Supply Plan

PERMIT ACKNOWLEDGEMENT

I (the applicant) hereby declare under penalty of perjury, that I have completed the Event Sponsor Application for Temporary Events to the best of my ability. I understand that I may be asked to provide additional information in order for the Permit to be approved, and that all information provided is considered part of the Permit. I understand that failure to meet the conditions identified in this form, and/or failure to comply with requirements set forth in the California Health and Safety Code (2014), also know as the Safe Body Art Act (SBAA 2014) and/or San Mateo County Ordinance (SMCO) #04285 may result in the suspension of my approval to operate and/or may result in a penalty (H&S Code Section 119323); administrative fine (SMCO Section 4.110.170); and/or may result in an administrative penalty (H&S Code Section 4.110.160), which is **charged to the Sponsor**. I will be operating with all necessary permits to conduct business. I understand that penalties will be sent in a formal Notice of Violation, with explicit instructions of my right to request an office hearing.

I understand that all practitioners operating within this event are expected to comply with regulations set forth in SBAA 2014 and SMCO #04285, and accept all; violations, fines, civil penalties, or booth closures on their behalf.

Signature: _____ Date: _____

OFFICE USE ONLY

Application package not compliant with SBAA 2014 or SMCO.

Rev. 9/2018 Inspector Signature: _____ Date: _____