



Temporary Body Art Facility Application

SHOP NAME:		BOOTH #	# OF PRACTITIONERS:
Mailing Address:		City:	Zip Code:
Telephone:	Fax:	Email:	

Provide names of all body art practitioners at booth, county where registered and registration number for each individual.
(Registration must be current and visually displayed at the booth along with a photo ID.)

Name:	County Registered:	Registration #:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSTRUMENTS

Type of instrument(s) used: Single-use disposable Multi-use equipment requiring sterilization

DEMONSTRATION BOOTH PERMIT ACKNOWLEDGEMENT

I have completed the Booth Permit Form 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 the information provided is considered part of this Permit.

I understand that failure to meet the conditions identified in this form or failure to comply with requirements set forth in the California Health and Safety Code may result in the suspension of my approval to operate and/or may result in an administrative fine

(H&S Code Article 5 Section 119317 (h) Be operating with all necessary permits to conduct business including, but not limited to, valid permits issued by a local enforcement agency. A sponsor or practitioner who violates this subdivision shall be subject to closure of the temporary body art demonstration booth and or a penalty not to exceed three times the cost of the permit.)

I understand that all practitioners operating within this booth are expected to comply with the Health and Safety Standards Guidance Document for Practitioners at Temporary Events. This document will be the basis of the booth compliance inspection.

NAME SHOP OWNER/REPRESENTATIVE:	FOR OFFICIAL USE Env Health Inspector Signature:
SIGNATURE:	