



**DEPARTMENT OF ENVIRONMENTAL HEALTH
CONSUMER PROTECTION DIVISION**

1555 Berger Drive, Suite #300 • San Jose, CA 95112

Main line: (408) 918-3400

Email: bodyart@deh.sccgov.org

Website: deh.santaclaracounty.gov

BODY ART TEMPORARY BOOTH APPLICATION

LOCATION TYPE: <input type="checkbox"/> TEMPORARY <input type="checkbox"/> BODY ART SCHOOL <input type="checkbox"/> PERMITTED EVENT BODY ART FACILITY	TYPE OF PERMIT: <input type="checkbox"/> DEMONSTRATION BOOTH
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SERVICE(S) PROVIDED: <input type="checkbox"/> TATTOO <input type="checkbox"/> PERMANENT COSMETICS <input type="checkbox"/> BRANDING <input type="checkbox"/> OTHER: _____
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FACILITY/EVENT INFORMATION

NAME OF EVENT:	EVENT DATES:
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EVENT BUSINESS NAME:	NAME OF EVENT ORGANIZER:
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EVENT ADDRESS:

OPERATOR	BOOTH BUSINESS NAME:	BOOTH #:	# OF PRACTITIONERS:
	BILLING ADDRESS:	CITY:	STATE: ZIP:
	CONTACT NAME:	PHONE:	EMAIL:

PRACTITIONER(S)	List all body individuals that will perform body art at this booth and the California County where registered and the registration number. Persons not registered in California registration must apply for registration from County of Santa Clara Department of Environmental Health (DEH) prior to participating in the temporary event. Registration must be present and visually displayed at the booth along with a photo ID.
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	NAME	COUNTY REGISTERED	REGISTRATION #

TYPE OF INSTRUMENT(S) TO BE USED

All contaminated equipment must be decontaminated/sterilized prior to being removed from premises or use of a licensed medical waste disposal company for removal of all sharps waste generated and sharps containers used during the event. <input type="checkbox"/> SINGLE-USE DISPOSABLE <input type="checkbox"/> MULTI-USE EQUIPMENT REQUIRING STERILIZATION

CLIENT FORMS TO BE PROVIDED BY

Informed Consent Forms, Medical History Questionnaire, Aftercare Instructions, Client Procedure Log, Disposable Instrument/Needle Use Log, and Sterilization Log shall be used. These will be provided by: <input type="checkbox"/> EVENT SPONSOR <input type="checkbox"/> BODY ART OPERATOR

BODY ART DEMONSTRATION BOOTH OWNER/OPERATOR ACKNOWLEDGMENT

- I have completed the application/notification to the best of my ability.
- I understand that I may be asked to provide additional information in order for the application/notification to be approved and that the information provided is considered part of the temporary body art event application.
- I understand that each practitioner within this demonstration booth shall have at least 50 sq ft of floor space to set up the workstation for providing body art procedures.
- I acknowledge and confirm that each practitioner performing body art at this booth shall have a valid practitioner registration/permit in California and that any practitioner not registered by Santa Clara County Department of Environmental Health has not, and will not, perform body art for more than 5 consecutive days, or 15 days total, in a calendar year outside of the county where the practitioner is registered.
- I understand that failure to meet the conditions identified here, operating in a manner not consistent with the information provided in this application, or failure to comply with requirements set forth in The Safe Body Art Act (California Health and Safety Code commencing with Section 119300) and Santa Clara County Ordinance Code B11 may result in the suspension of my approval to operate and/or may result in an administrative fine or other enforcement actions.
- I understand that the application fee is non-refundable.

Print Name: _____	Phone: _____
Signature: _____	Date: _____

OFFICIAL USE ONLY

COMMENT _____
FACILITY ID # _____ DESIGNATED EMPLOYEE _____
 APPROVED DISAPPROVED
BY _____ EMP# _____ DATE _____ SUPERVISOR _____ DATE _____