



Environmental Health ❖ 625 5th Street, Santa Rosa, CA 95404 ❖ 707-565-6565 ❖ EH@sonoma-county.org
<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

TEMPORARY BODY ART FACILITY/BOOTH PERMIT APPLICATION

(Submit this **application** and **permit fee** at least 14 days in advance of the event)

Name of the Event _____ Dates of the Event _____ to _____
Business Name _____ Owners Name _____
Mailing Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

Please provide the names of all body art practitioners at the booth, the jurisdiction where they are registered and registration number for each individual. (All practitioners must possess a valid practitioner registration issued from Sonoma County). Practitioners that are not registered in Sonoma County must submit a “Temporary Body Art Practitioner Registration Application” and obtain a temporary registration prior to the event.

Practitioners Name(s)	Jurisdiction of Registration	Registration #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check the Body Art Type(s): Tattooing Body Piercing Branding Permanent Cosmetics

Check Type of Instrument(s) Used: Single-use disposable Multi-use, requiring sterilization

Booth Operator Acknowledgement

I have completed the “Temporary Body Art Facility/Booth Permit 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 meet the conditions identified in this application or failure to comply with requirements set forth in the California Health and Safety Code, Chapter 638 , may result in the suspension of my approval to operate and/or may result in an administrative fine.

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

Name: _____ Signature: _____ Date: _____

For office use only:

PE # _____ PR # _____ Issue Permit _____ Requested By _____

Comments _____

Cash Check/Credit Card Trans# _____ Date rec'd _____ by _____ Amount rec'd \$ _____