



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 EVENT ORGANIZER APPLICATION

*Submit this application, supporting documents, and fee
at least 30 days in advance of the event*

Name of the Event _____ Dates of the Event _____ to _____
Event Address _____ City _____ State _____ Zip _____
Name of Event Sponsor _____
Sponsor Mailing Address _____ City _____ State _____ Zip _____
Telephone _____ Email _____

The following supporting documents are required as part of this application and must be submitted with this application. A detailed description of the documents can be found on the "Temporary Body Art Organizer Requirements" accompanying this application.

- 1. A schematic drawing of the temporary event facility floor plan.
- 2. A schematic drawing of a typical booth with dimensions. (Minimum 1/2 inch scale: 10 foot x 10 foot - booth would be drawn at least 5 inches x 5 inches)
- 3. A sharps disposal agreement.
- 4. A participating practitioner/company list (a table is attached for your use).

Event Organizer Acknowledgement

I declare to the best of my knowledge and belief, the statements made herein are correct and true. I am responsible for knowing and complying with the regulations pertaining to the practice of body art contained in the California Health & Safety Code, Chapter 638 (Safe Body Art Act). I understand that failure to provide required information will delay or prevent approval of the event. I understand that failure to meet 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 administrative fines.

I understand that all body art practitioners who will be participating in the event must be registered with this department **at least 14 days** beforehand.

I hereby consent to all necessary inspections made pursuant to the California Health and Safety Code.

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

Organizer 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 \$ _____