



BODY ART EVENT TEMPORARY BODY ART FACILITY APPLICATION

(Submit 30 days in advance of the event)



Name of Event: _____ Date(s) of Event: _____ to _____

Business Name: _____ Name of Event Organizer: _____

Owner's Name: _____ Booth #: _____ # of Practitioners: _____

Mailing Address: _____ City: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Event Address: _____ City: _____ Zip Code: _____

On-site Phone: _____

Provide names of all body art practitioners at booth, county where registered and registration number for each individual.

(Registration must be present and visually displayed at the booth.)

Name:	County registered:	Registration #:
_____	_____	_____
_____	_____	_____
_____	_____	_____

BODY ART TYPE: Tattooing Body Piercing Branding Permanent Cosmetic Application

INSTRUMENTS

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

-All contaminated equipment must be decontaminated/sterilized prior to being removed from premises.-

CLIENT FORMS

Informed consent forms, questionnaires and post procedure instructions shall be provided by:

Event Organizer Body Art Operator

BOOTH OPERATOR ACKNOWLEDGEMENT

I have completed the 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 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 application fee is non-refundable.

Application completed by:

Name: _____ Telephone: _____

Signature: _____ Cell Phone: _____

If not registered in the County of Los Angeles, a statement that the registrant has not operated for more than 15 days outside of their county of registration is required.

Office Use Only:

Date Received: _____ Amount Paid: _____ Receipt #: _____ Approved By: _____