



**Sonoma County Department of Health Services  
Environmental Health & Safety Section**

625 5<sup>th</sup> Street, Santa Rosa CA 95404

Phone (707)565-6565, Fax (707)565-6525, [www.sonoma-county.org/environmental](http://www.sonoma-county.org/environmental)

**TEMPORARY BODY ART EVENT ORGANIZER APPLICATION**

*(Please submit this **application, supporting documents, and fee**  
at least 14 days in advance of the event)*

Name of event: \_\_\_\_\_ Dates of event: \_\_\_\_\_ to \_\_\_\_\_  
Event address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of event sponsor: \_\_\_\_\_  
Sponsor's mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

The following supporting documents are considered a 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.
3. A sharps disposal agreement.
4. A participating practitioner/company list (a table is attached for your use).

**Event Organizer Acknowledgement**

I declare that 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 an administrative fine.

I understand that all body art practitioners who will be participating in the event must be registered with this department 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 \$ \_\_\_\_\_