



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

625 5th Street, Santa Rosa CA 95404

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

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: _____
Telephone: _____ Fax: _____ 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 \$ _____