

FACILITY ID#	_____
RECEIPT#	_____
AMOUNT PAID	_____
DATE PAID	_____

**BODY ART TEMPORARY DEMONSTRATION BOOTH PERMIT APPLICATION
 AND REGISTERED PRACTITIONER NOTIFICATION**

TYPE OF SERVICE: <input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS <input type="checkbox"/> BRANDING	TYPE OF PERMIT: <input type="checkbox"/> DEMONSTRATION BOOTH FEE = \$120 PE = 4725
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MAKE CHECKS PAYABLE TO COUNTY OF SANTA CLARA DEH

EVENT INFORMATION	
NAME OF EVENT:	DATES:
EVENT BUSINESS NAME:	NAME OF EVENT ORGANIZER:

OPERATOR	BOOTH BUSINESS NAME:	BOOTH #:	# OF PRACTITIONERS:
	BILLING ADDRESS:	CITY:	STATE: ZIP CODE:
	CONTACT NAME:	PHONE:	EMAIL:

PRACTITIONERS	Provide names of all body art practitioners at booth, county where registered and registration number for each individual. If practitioner does not have a California registration, he/she must apply for registration from SCC DEH prior to participating in the temporary event. Registration must be present and visually displayed at the booth along with a photo ID.		
	NAME	COUNTY REGISTERED	REGISTRATION #

INSTRUMENT
TYPE OF INSTRUMENT(S): <input type="checkbox"/> SINGLE-USE DISPOSABLE <input type="checkbox"/> MULTI-USE EQUIPMENT REQUIRING STERILIZATION
All contaminated equipment must be decontaminated/sterilized prior to being removed from premises

CLIENT FORMS
Informed Consent Forms, Medical History, Aftercare Instructions, Client Procedure Log, Disposable Instrument/Needle Use Log, and Sterilization Log shall be provided by:
<input type="checkbox"/> EVENT SPONSOR <input type="checkbox"/> BODY ART OPERATOR

BODY ART DEMONSTRATION BOOTH OWNER/OPERATOR ACKNOWLEDGEMENT
<ul style="list-style-type: none"> • I have completed the application/notification to the best of my ability. • I understand that I may be asked to provide additional information in order for the application/notification to be approved and that the information provided is considered part of the temporary body art event application. • I understand that each practitioner within this demonstration booth shall have at least 50 sq ft of floor space to set up his/her workstation to provide body art procedures. • I acknowledge that each practitioner within the demonstration booth must be registered in California and for reciprocity has not performed body art for more than 5 consecutive days or 15 days total in a calendar year outside of the county of his/her registration. • I understand that failure to meet the conditions identified in this notification or failure to comply with requirements set forth in The Safe Body Art Act (California Health and Safety Code commencing with Section 119300) and Santa Clara County Ordinance Code B11 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.
Print Name: _____ Phone: _____ Signature: _____ Date: _____

OFFICIAL USE ONLY
COMMENTS _____
FACILITY ID # _____ DESIGNATED EMPLOYEE _____
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
BY _____ EMP# _____ DATE _____ SUPERVISOR _____ DATE _____