Division of Environmental Health

Temporary Body Art Facility Application

Name of Event:			Date(s) of Event:				
Business Name:			Name of Event Organizer:				
Owner's Name:			Booth #:		# of Practitioners:		
Mailing Address:			City:	State		Zip Code:	
Telephone:	Fax:		E-mail:				
Event Address:							
Event organizer contact person:			Contact number:				
Provide names of all body art	practitioners art boot (Registration must be p					per of each individual	
Name: County R		,			tration No:		
Indicate the type of body art to	be practiced: Tattoo	D Pie	ercing 🗌 B	randing [Permanent co	osmetic application	
Instruments							
Indicate the type of body art to	be practiced: Single	e-use disp	osable	Multi-use equ	ipment requiri	ng sterilization	
Will cleaning and sterilization fa	acilities be provided with	nin the boo	ly art booth? [□ No □ Y	es		
**if yes, provide information or start date of the event.	autoclave and/or ultras	sonic mach	nines and a cop	by of a spore t	est within the	last 30 days of the	
**if no, each practitioner must	have sufficient single-us	se supplies	s for the operat	ion of the enti	re event.		
Client Forms							
Informed consent forms, quest	ionnaires and post proc	edure inst	ructions shall b	e provided by	:		
Event Organizer	☐ Body Art Operator						
Booth Set-Up/Operational Info	ormation						
Check the type of hand wash	ing facility to be provi	ded at the	body art boo	oth:			
☐ A permanently installed hand	d-washing sink, with war	rm running	y water, liquid h	nand soap, and	d single use p	aper towels.	
☐ A portable commercial hand-washing station with warm running water, liquid hand-washing soap, and single use paper towels.							

How will wastewater generated from hand was	shing will be collected and disposed of(if not using a fixed hand-washing sink)?							
Wastewater will be collected in water-tight red	ceptacles and disposed through the sanitary sewer system at the event.							
Wastewater will be collected in water-tight receptacles and disposed through the sanitary server system outside event premises. *** Disposing water on the ground is prohibited***								
Please check the items the body art booth ope	erator/practitioner will provide:							
A partition of at least three (3) feet in height (utilized to separate the procedure area from the public)								
Approved sharp waster container								
☐ Water supply								
☐ Electricity/Adequate lighting								
Will the body art booth be used exclusively fo	r body art? No Yes If no, explain what other activities will occur in the booth:							
How will garbage be collected and disposed?								
order for the application to be approved and it. I am familiar with operational requirements for	of my ability. I understand that I may be asked to provide additional information in that the information provided is considered part of the application. or temporary body art booths and will comply with all legal requirements. I understand the shall obtain all necessary permits to conduct business, including but not limited to not Environmental Health.							
Name of Person-in-charge of booth	Telephone Number:							
Signature of Person-in-charge of booth	Date							
Imperial Cou	nty Public Health Department, Division of Environmental Health 797 Main Street, Suite B, El Centro CA 92243							

Phone: (442) 265-1888 Fax: (442) 265-1903 www.icphd.org

For Office Use Only									
FA#:	PR#:	PR#:			District#:				
Amount Received: \$	Paid:	☐ Cash	☐ Check	Check#:					
Date Received:	Received by:								
Application:	Rejected By:			_	Date:				