

Temporary Body Art Booth 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, county where registered and registration number of each individual
(Registration must be present and visually displayed at the booth)

Name:

County Registered:

Registration No:

Indicate the type of body art to be practiced: ☐ Tattoo ☐ Piercing ☐ Branding ☐ Permanent cosmetic application

Instruments

Indicate the type of body art to be practiced: ☐ Single-use disposable ☐ Multi-use equipment requiring sterilization

Will cleaning and sterilization facilities be provided within the body art booth? ☐ No ☐ Yes

****if yes**, provide information on autoclave and/or ultrasonic machines and a copy of a spore test within the last 30 days of the start date of the event.

****if no**, each practitioner must have sufficient single-use supplies for the operation of the entire event.

Client Forms

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

☐ Event Organizer ☐ Body Art Operator

Booth Set-Up/Operational Information

Check the type of hand washing facility to be provided at the body art booth:

- ☐ A permanently installed hand-washing sink, with warm running water, liquid hand soap, and single use paper 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 washing be collected and disposed of (if not using a fixed hand-washing sink)?

- ☐ Wastewater will be collected in water-tight receptacles 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 operator/practitioner will provide:

- ☐ Eye wash station
- ☐ A partition of at least three (3) feet in height (utilized to separate the procedure area from the public)
- ☐ Approved sharp waste container
- ☐ Water supply
- ☐ Electricity/Adequate lighting

Will the body art booth be used exclusively for body art? ☐ No ☐ Yes **If no, explain what other activities will occur in the booth:**

How will garbage be collected and disposed?

Please read the following statement and then sign and date below.

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 am familiar with operational requirements for temporary body art booths and will comply with all legal requirements. I understand that any person who operates a body art booth shall obtain all necessary permits to conduct business, including but not limited to this permit issued by Imperial County Division of Environmental Health.

I understand that once the application is reviewed, the application fee is non-refundable.

Telephone Number: _____

Name of Person-in-charge of booth

Signature of Person-in-charge of booth

Date

Imperial County Public Health Department, Environmental Health
Division 1221 W. State St., 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: ☐ Approved ☐ Rejected By: _____ Date: _____