



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

TEMPORARY BODY ART EVENT APPLICATION

GENERAL INFORMATION

SUBMIT THIS APPLICATION AT LEAST 30 DAYS PRIOR TO THE EVENT.

EVENT INFORMATION	Name of Event			
	Event Start Date		Event End Date	
	Name and Address of Event		City	Zip
	Event Phone	Website		

SPONSOR INFORMATION	Name of Event Sponsor			
	Address of Event Sponsor		City	Zip
	Sponsor Phone	Cell Phone	Email	

EVENT DETAILS

Number of booths offering body art:

Number of practitioners offering body art: _____

Complete the **Practitioner List** which provides the names of all body art practitioners at each booth, county where registered, registration number, and expiration date. If the practitioner is not currently registered in California, he/she will need to apply for a Body Art Practitioner Registration for this temporary event. Registration must be present and visually displayed at the booth.

All body art practitioners been advised of the Health Department requirements for temporary events. Yes

Will there be a planning/safety meeting for body art participants? No Yes - Complete the following:

Meeting Date: _____ Meeting Time: _____ AM PM

Meeting Location: _____

Indicate all types of body art offered at this event:

Indicate types of instruments to be used at this event:

Single-use disposable Multi-use equipment requiring sterilization

Location of decontamination/sterilization area to be approved prior to the event (include on site map).

Describe lighting to be provided at the procedure area:

Describe flooring at the demonstration booth:

Restroom facilities located in the building with hand washing facilities with hot and cold running water, soap, and single-use paper towels to which practitioners have direct access. Yes

Number of public restrooms:

Number of practitioner-only hand wash stations to be provided:

How will trash be removed from booth:

For our office locations call us at (888) 722-4234 or visit our website at www.rivcoeh.org

REQUIREMENTS FOR EVENT SPONSOR

Provide a **Site Map** for the event including the location of the following:

- Each booth offering body art procedures
- Location of restrooms
- Location of practitioner-only handwashing sinks
- Location of backup supplies

Provide copies of the following forms to be used by practitioners:

- Consent forms
- Medical questionnaire
- After care instructions

Provide name of licensed medical waste disposal company to be used for sharps disposal:

Provide sample of emergency contact signage including the following:

Emergency room phone number: _____
 Name and address to nearest hospital: _____

Will there be any food vendors with this event? Yes No
 If yes, all food vendors have the required Riverside County temporary food facility health permit.

EVENT FEES

Body Art Event Sponsor Permit \$ _____ \$ _____
 Body Art Demonstration Booth Number of booths _____ X \$ _____ \$ _____
Total Amount Due: \$ _____

Please submit payment with your application. Permit fees may be paid with cash or select major credit card (contact area office for details) or money order payable to **Riverside County Department of Environmental Health**.

SPONSOR ACKNOWLEDGEMENT

I am required to follow the California Safe Body Art Act. I may be asked to provide additional information 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 Safe Body Art Act may result in the suspension of my approval and/or citation.

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

Name: _____
 Signature: _____
 Date: _____
 Driver's License #/Exp. Date: _____

OFFICE USE ONLY

PAYMENT INFORMATION	
Date	
REHS Verification	
Fee	
Receipt/Transaction #	
Check #	
Credit Card Approval #	
Approved by	
District #	
Area #	

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