



# BODY ART

## TEMPORARY EVENT FACILITY APPLICATION

### ENVIRONMENTAL HEALTH DIVISION

5050 Commerce Drive, Baldwin Park, CA 91706-1423

[www.publichealth.lacounty.gov/eh](http://www.publichealth.lacounty.gov/eh)

BODY ART PROGRAM (626) 430-5570

Submit 30 days in advance of the event to [bodyartprogram@ph.lacounty.gov](mailto:bodyartprogram@ph.lacounty.gov)



<b>EVENT INFORMATION</b>	DATES OF EVENTS:		NAME OF EVENT ORGANIZER:	
	FROM:	TO:		
	NAME:	ON-SITE PHONE#:	BOOTH #:	# OF PRACTITIONERS:
	ADDRESS:	CITY:	STATE:	ZIP:

<b>BUSINESS INFORMATION</b>	BUSINESS NAME:		OWNER'S NAME:	
	ADDRESS:	CITY:	STATE:	ZIP:
	PHONE #:	E-MAIL ADDRESS:		

Infection Prevention Control Plan (attached):  YES  NO

List names, county registered and registration number for each practitioner at the booth. Registration must be present and visually displayed at the booth. Attach additional pages, if needed.

NAME	COUNTY OF REGISTRATION	REGISTRATION #

#### TYPE OF BODY ART - Check all that apply

TATTOOING       PERMANENT COSMETICS       PIERCING       BRANDING

#### TYPE OF INSTRUMENT(S) USED

All contaminated equipment must be decontaminated/sterilized prior to being removed from premises.

SINGLE-USE DISPOSABLE       MULTI-USE EQUIPMENT REQUIRING STERILIZATION

#### CONSENT FORMS, QUESTIONNAIRES, AND POST PROCEDURE INSTRUCTIONS SHALL BE PROVIDED BY:

EVENT ORGANIZER       BODY ART OPERATOR

#### BOOTH OPERATOR ACKNOWLEDGEMENT

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 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 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.

Application completed by:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*If not registered in the County of Los Angeles, a statement that the registrant has not operated for more than 15 days outside of their county of registration is required.*

#### FOR OFFICE USE

DATE RECEIVED:	AMOUNT PAID:	RECEIPT #:	APPROVED BY:
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