



**DEPARTMENT OF ENVIRONMENTAL RESOURCES**

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**TEMPORARY BODY ART EVENT ORGANIZER PERMIT APPLICATION**

Please make sure the writing is as clear as possible. (An illegible application will result in a delay or denial of a permit.)

**BODY ART EVENT INFORMATION**

Event Name :

Event Address :

City :

State :

Zip :

Event Date(s)

Starting Date :

Ending Date :

Operation Time :

To :

Number of Body Art Booths :

**ORGANIZER INFORMATION**

Organization Name :

Event Organizer :

Phone :

E-mail :

Mailing Address :

City :

State :

Zip :

Billing Address :

City :

State :

Zip :

**SUBMIT THE FOLLOWING AT LEAST TWO (2) WEEKS PRIOR TO THE EVENT**

**Application**

Submit a complete organizer application packet at least two weeks prior to the event.

**Payment for the event**

The Event Organization will be billed following the event based on the number of workstations approved to operate.

**Site Plan and Infection Prevention and Control Plan**

Provide the Infection Prevention and Control Plan and a complete site plan indicating the location of all temporary body art workstations, water supply faucets, wastewater disposal, garbage containers, restrooms, sharps collection/storage units, and janitorial facilities. Site plan does not have to be drawn to scale, but must be accurate.

**Body Art Practitioner/Facility List**

Complete and submit the attached Temporary Body Art Practitioner/Facility list for review. Make copies/add sheets as necessary. Keep a copy of practitioners' certificates of registration for review by this Department or clients.

**Event Utilities**

Is potable water from an approved source available/supplied for each body art booth?  Yes  No # \_\_\_\_\_

Are permanent bathrooms available?  Yes  No # \_\_\_\_\_

Is electricity supplied/available for each body art practitioner?  Yes  No # \_\_\_\_\_

Are there decontamination and sterilization areas provided?  Yes  No # \_\_\_\_\_

Is there an adequate backup of supplies for emergency use by practitioners?  Yes  No # \_\_\_\_\_

Are janitorial facilities available?  Yes  No # \_\_\_\_\_

Will there be a posted map provided showing the nearest emergency room, including name, phone number and directions?  Yes  No # \_\_\_\_\_

Name of approved medical waste disposal company: \_\_\_\_\_

Name of garbage disposal company: \_\_\_\_\_

As the event organizer for the above event, I have read and understand the body art requirements as specified in the Safe Body Art Act. I also understand that I am the responsible party for ensuring compliance, with all applicable laws, from each body art practitioner approved to operate at this event.

Event Organizer :

Date :

For Official Use

PAID \$	CASH / CHECK / CREDIT CARD / ATM
DATE PAID	RECIEPT #
APPROVAL #	RECEIVED BY

