



**CITY OF LONG BEACH DHHS - BODY ART EVENT  
BUREAU OF ENVIRONMENTAL HEALTH  
2525 GRAND AVE ROOM 220, LONG BEACH CA 90815**



**TEMPORARY BODY ART APPLICATION  
(Submit 30 days in advance of the event)**

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_ to \_\_\_\_\_

Business Name: \_\_\_\_\_ Name of Event Organizer: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Booth #: \_\_\_\_\_ # of Practitioners: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Event Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

On-site Cell Phone: \_\_\_\_\_ Person In Charge : \_\_\_\_\_

**Provide names of all body art practitioners at booth, county where registered and registration number for each individual.**

*(Registration must be present and visually displayed at the booth.)(Please use back for additional practitioners.)*

Name: _____	County registered: _____	Registration #: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**BODY ART TYPE:**     Tattooing     Body Piercing     Branding     Permanent Cosmetic Application

**INSTRUMENTS**

Type of instrument(s) used:         Single-use disposable         Multi-use equipment requiring sterilization

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

**CLIENT FORMS**

Informed 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: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Office Use Only:**

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Approved By: \_\_\_\_\_