



County of Riverside  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**

www.rivcoeh.org

**TEMPORARY BODY ART EVENT APPLICATION**

Riverside County Code and the California Safe Body Art Act  
(Submit 30 days prior to the event)

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_ to \_\_\_\_\_  
Name of Event Sponsor: \_\_\_\_\_ Name of Event Location: \_\_\_\_\_  
Address of Event: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Address of Event Sponsor: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Event Telephone: \_\_\_\_\_ Number of Booths: \_\_\_\_\_ Website: \_\_\_\_\_  
Sponsor Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Provide names of all body art practitioners at booth, county where registered and registration number for each individual on back of page or in a separate attachment. Registration must be present and visually displayed at the booth.**

Indicate **ALL** types of body art offered at event:

\_\_\_\_\_  
\_\_\_\_\_

**INSTRUMENT**

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 the premises. Location of decontamination/sterilization area to be approved prior to the event.

**REQUIRED CLIENT FORMS**

Informed consent, questionnaire forms and after-care instructions shall be provided by:

Event Sponsor  Body Art Practitioner

**SPONSOR ACKNOWLEDGEMENT**

I am required to follow the California Safe Body Art Act pertaining to Article 5. TEMPORARY BODY ART FACILITIES. Requirements include but are not limited to the following: site plan, approved building location, demonstration booth, flooring, lighting, practitioner registration, restrooms, handwashing stations, sharps containers and disposal, decontamination/sterilization area, back-up supplies, consent/medical history and after care instructions, posted emergency room phone number and directions and the posting of all practitioners registrations. 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.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**For Office Use**

Date: \_\_\_\_\_ Fee \$ \_\_\_\_\_ Ck. # \_\_\_\_\_ Trans. # \_\_\_\_\_  
Approved by (Title): \_\_\_\_\_ Dist. # \_\_\_\_\_ Area # \_\_\_\_\_

**For our office locations call us at (888) 722-4234 or visit our website at [www.rivcoeh.org](http://www.rivcoeh.org)**



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**List of Body Art Practitioners**

Practitioner Name	County Where Registered	Registration Number

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