



# CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES | BUREAU OF ENVIRONMENTAL HEALTH  
BODY ART PROGRAM

2525 Grand Avenue, Room 220 | Long Beach, CA 90815 | Phone: (562) 570-4132 Fax: (562) 570-4038  
www.longbeach.gov/health/eh



## TEMPORARY BODY ART EVENT APPLICATION

**Fee(s): \$51.00 per Artist (1-10 Artists) or \$29.70 per Artist (11+ Artists)**

**MAXIMUM BOOTH CAPACITY: 4 BODY ART PRACTITIONERS**

### I. APPLICANT INFORMATION:

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

Event Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ On-Site Cell Phone: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ to \_\_\_\_\_ Booth # \_\_\_\_\_ # of Practitioners: \_\_\_\_\_

Business Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

### II. BODY ART PRACTITIONERS: *(use additional sheet(s) as necessary)*

NAME:	COUNTY REGISTERED:	REGISTRATION #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(Registration must be present and visually displayed at the booth)*

### III. BODY ART INFO: *(use additional sheet(s) as necessary)*

BODY ART TYPE:  Tattooing  Body Piercing  Branding  Permanent Cosmetic Application

INSTRUMENT TYPE\*:  Single-use disposable  Multi-use equipment *(requiring sterilization)*

CLIENT FORMS PROVIDED BY\*\*:  Event Organizer  Body Art Operator

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

*\*\*Informed consent forms, questionnaires, and post procedure instructions shall be provided by the person indicated above*

The undersigned has completed the application to the best of their ability and understands they may be asked to provide additional information in order for the application to be approved and that information will be considered part of the application. The undersigned understands that failure to meet the conditions identified in this application or failure to comply with the requirements set forth in the California Health and Safety Code may result in the suspension of the approval to operate and/or may result in an administrative fine. The undersigned understands that once the application is reviewed, the application fee is non-refundable.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY:

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