**BODY ART EVENT**

**EVENT ORGANIZER APPLICATION**

(Submit 30 days in advance of the event)

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>Date(s) of Event:</th>
<th>Time(s) of Event:</th>
<th>Name of Event Organizer:</th>
<th>Time(s) of Event:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event:</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Event:</th>
<th>City:</th>
<th>Zip Code:</th>
<th>Address of Event Organizer:</th>
<th>City:</th>
<th>Zip Code:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>Fax:</th>
<th>Email:</th>
<th>On-site Phone:</th>
<th>Person(s) in charge:</th>
</tr>
</thead>
</table>

### SITE PLAN

Submit a site plan showing the general layout of the event indicating location of the following:

1. Booths
2. Water Supply
3. Toilet and Hand Washing Facilities
4. Trash Disposal Containers (quantity)
5. Location of Decontamination/Sterilization areas (quantity)
6. Back-up supplies

### NUMBER OF BODY ART BOOTHs

Total # of booths performing body art

All body art booths using pre-sterilized, disposable equipment?

- [ ] Yes
- [ ] No

If No, complete decontamination sanitation area information.

### BODY ART BOOTHs

Body art booths must be located within a building, with a partition at least 3 feet high to separate the procedure area from the public, and equipped with adequate light and a sharps waste container.

**Responsible Party:**

- [ ] Event Organizer
- [ ] Body Art Operator

### DECONTAMINATION/SANITATION AREAS

<table>
<thead>
<tr>
<th>Type of sink:</th>
<th>Permanent</th>
<th>Portable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portable Service Company Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portable Service Company Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultrasonic (Model):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autoclave (Model):</td>
<td>Date of last spore test:</td>
<td></td>
</tr>
</tbody>
</table>

Is the decontamination/sterilization area operated by the event organizer?

- [ ] Yes
- [ ] No

- If "YES", provide a copy of the procedures for decontamination area, a log book with records of each load including date, contents, exposure time and temperature, integrator results, and spore test results onsite.

- Provide a copy of bloodborne pathogen training certificate for all employees working in the decontamination area.

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**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Date Received:</th>
<th>Amount Paid:</th>
<th>Receipt #:</th>
<th>Approved By:</th>
</tr>
</thead>
</table>
BODY ART BOOTH HAND WASHING STATION

For each hand washing station 5-gallons or more of water accessible via spigot, soap, single-use towels and a wastewater collector/holding tank is required. Up to four booths may share a hand washing station. The location of shared facilities must be approved by the local enforcement agency.

Number of hand washing stations: ________  Hand washing stations provided by: □ Event Organizer  □ Body Art Operator

Service Provider Name: ____________________________________________________________

Service Provider Address: ________________________________________________________

PUBLIC TOILET FACILITIES

Number of toilets: ________  For multi-day events, how often will toilet facilities be cleaned? ________ times/day

Number of hand washing sinks: ________________  Warm water available: □ Yes  □ No

WASTE DISPOSAL

Number of sharp containers per booth: ________

Number of trash containers: ________  How often are trash containers emptied? ________ times/day

Provide a copy of the agreement with the company responsible for removal of all sharps waste containers. Provide the information below for the sharps waste disposal company.

Name: __________________________________________________________

Address: __________________________________________________________

Telephone: ________________________________________________________

EVENT ORGANIZER ACKNOWLEDGEMENT

I understand I shall provide a list of all booth operators participating in the event; to have back-up supplies available for purchase; and post in a conspicuous place the name, telephone number, and directions to an emergency room near the event.

I understand that all body art practitioners who will be participating in the event must be registered beforehand, including bloodborne pathogen training and Hepatitis B vaccination status.

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 provide required information will delay or prevent approval of the event.

I understand that failure to meet the conditions approved in this application may result in the suspension of approval to operate the event, suspension of the approval to operate the affected body art booths, and/or may result in an administrative fine.

I understand that I am responsible for obtaining approval from all applicable agencies.

I understand that once the application is reviewed the application fee is non-refundable.

APPLICATION COMPLETED BY:

Print Name: __________________________________________________________ Telephone: ______________________

Signature: __________________________________________________________ Cell Phone: ______________________