**Practitioner Booth Notification Form**

**Temporary body art facility**

**Booth permit**

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| **Event:** | | | **Dates:** | |
| **Shop Name:** | | | **# of Practitioners:** | |
| **Mailing Address:** | | **City:** | | **Zip:** |
| **Telephone:** | **FAX:** | **Email:** | | |
| **Name of Representative on Site:** | | | **Booth #** | |

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| Provide names of all body art practitioners at booth, county where registered, and registration number for each.  (Registration must be present and visually displayed at the booth, along with a photo ID) | | |
| Name: | County Registered: | Registration #: |
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| **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

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| **BOOTH OPERATOR ACKNOWLEDGEMENT**  I have completed the booth Notification Form to the best of my ability. I understand that I may be asked to provide additional information in order for the Notification to be approved and that the information provided is considered part of the Booth Permit.  I understand that failure to meet the conditions identified in this form 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 all practitioners operating within this booth are expected to comply with the Health and Safety Standards Guidance Document for Practitioners at Temporary Events. This document will be the basis of the booth compliance inspection. | |
| Owner/Representative: | Telephone # |
| Signature: | Cell Phone # |