



**Public Health Department**

**Environmental Health**

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[buttecounty.net/publichealth](http://buttecounty.net/publichealth)

**BODY ART EVENT  
SPONSOR APPLICATION**

<b>EVENT (Facility)</b>	Name of Event: _____ Location of Event: _____ City: _____ State: _____ Zip: _____ Date(s) of Event: _____ Time Event Starts: _____
<b>BILL</b>	Billing Name: _____ Phone: _____ Billing Address: _____ City: _____ State: _____ Zip: _____
<b>EVENT SPONSOR (Owner)</b>	Event Contact Person: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____

SITE PLAN	NUMBER OF BOOTHS	
<b>Submit a site plan (bird's eye view) showing the general layout of the event indicating location of the following:</b>	# of booths with disposable equipment: Booth = 100 sq. ft. (50sq. ft. per artist)	
1. Booths and booth numbers	# of booths using equipment requiring sterilization:	
2. Water supply	<b>FEES</b>	
3. Toilet and hand washing facilities	Body Art Event Sponsor	1-4 Booths    \$230.00
4. Trash disposal containers and quantity		5+ booths    \$461.00
5. Location of Decontamination/Sterilization area(s)	Temporary Body Art Booth    \$230.00	
6. Back-up supplies	Note: All booth fees and sponsor fees must be submitted by the event sponsor <b>30 days</b> prior to the event.	
7. Medical Waste Containers		
*Submit Medical Waste Disposal Information		

**I declare, that to the best of my knowledge, the information that I have provided is true and accurate. I am aware that the event sponsor is responsible for all requirements listed in the California Health and Safety Code and all applicable County and City Ordinances. I will notify Butte County Environmental Health of any changes to the information above and will pay applicable fees as required.**

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

**FOR OFFICIAL USE ONLY**

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card Trans# _____	Receipt# _____	Amount Received _____
Date Received _____		Received By: _____		
Permit Issue Date _____		Condition of Approval _____		Approved by: _____