



Public Health Department

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Environmental Health

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BODY ART EVENT SPONSOR APPLICATION

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

SITE PLAN	NUMBER OF BOOTHS	
Submit a site plan (bird's eye view) showing the general layout of the event indicating location of the following:	# 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	FEES	
3. Toilet and hand washing facilities	Body Art Event Sponsor	1-4 Booths \$222.00
4. Trash disposal containers and quantity		5+ booths \$444.00
5. Location of Decontamination/Sterilization area(s)	Temporary Body Art Booth \$222.00	
6. Back-up supplies	Note: All booth fees and sponsor fees must be submitted by the event sponsor 30 days 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: _____
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