



SPECIAL EVENT VENDOR APPLICATION
TO OPERATE TATTOOING, BODY PIERCING, AND PERMANENT COSMETICS BOOTH

This application is to be completed by each event sponsor/vendor. The coordinator shall collect all individual applications and submit them as a packet at least two weeks prior to the event. The San Francisco Tattooing, Body Piercing, and Permanent Cosmetics Ordinance requires persons or businesses that are engaged in the practice of tattooing, body piercing or permanent cosmetics to have an information document on-site and on-file with the Department of Public Health. An application will not be accepted until all applicable forms are completed and returned with the appropriate fees.

1. SPECIAL EVENT VENDOR & EVENT INFORMATION

Vendor Business Name:			Name of Event/Sponsor:	
Address:			Location of Event:	
City:	State:	Zip Code:	Dates of Event:	Hours of Operation:
Responsible Person Off-Site:		Title:	Phone Number:	E-Mail
Responsible Person On-Site:		Title:	Phone Number:	E-Mail
Alternate Responsible Person On-Site:		Title:	Phone Number:	E-Mail
Number of Booths: <input type="checkbox"/> Indoor = <input type="checkbox"/> Outdoor = <input type="checkbox"/> Other =			Types of Services To Be Provided: <input type="checkbox"/> Tattooing <input type="checkbox"/> Body Piercing <input type="checkbox"/> Other	

2. TEMPORARY EVENT FEES (MAKE CHECK PAYABLE TO SFDPH)

Fee Type	Application Fee
Demonstration booth sponsor	\$300.00
Demonstration booth	\$130.00
Temporary event Practitioner Application	\$100.00

3. STERILIZATION AND SANITIZING EQUIPMENT (Complete if using an autoclave)

Treatment Method	No. of Units	Locations
Steam Sterilization <input type="checkbox"/>		
Alternative Treatment <input type="checkbox"/>		
Backup Treatment: Describe how your contaminated waste (needles and bloody items) will be handled if your primary treatment method fails. Provide the name, address and phone numbers of any transporter or treatment facility.		

4. HAND WASHING FACILITIES

Plumbed sink <input type="checkbox"/>	Or gravity flow station <input type="checkbox"/>
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**TATTOOING, BODY PIERCING AND PERMANENT COSMETICS
APPLICATION FOR REGISTRATION CARD
Page 2 of 2 EXPOSURE CONTROL PLAN**

5. EXPOSURE CONTROL PLAN

Attach your Exposure Control Plan. This plan is a written document that outlines protective measures the employer will take to minimize or eliminate employee exposure to blood borne pathogens or other possible infectious materials.

6. EXPERIENCE AND TRAINING

Briefly describe your experience, training and qualifications (include date and locations):

I am the person responsible for the implementation, administration and operation of the activities required to meet the standards of the Tattooing, Body Piercing and Permanent Cosmetics Ordinance, including reporting of information for this application. I declare under penalty of perjury the information on the application and in other materials submitted in support of this application are true and correct. I hereby consent to all necessary inspections made pursuant to the Tattooing, Body Piercing and Permanent Cosmetics and incidental to the issuance of any exemption, Registration or Permit and operation of this business. I understand that submittal of incorrect information may result in penalties and a site investigation fee.

Print Name	Signature	Date
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PROVIDE THE FOLLOWING:

Filing Fee	Driver's License for each Artist & Sponsor/Vendor	Hepatitis B Declination Form or Hep B series	Current Bloodborne Pathogen Certification for each Practitioner	Copy of Exposure Control Plan
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INSPECTOR'S REPORT:

To the Director of Public Health, after having made a careful review of the above case on _____ (Date)

I RECOMMEND the issuance of a Temporary Event Permit:

I DISAPPROVE the issuance of a Temporary Event Permit:

Principal Inspector

Inspector