



FOR OFFICE USE ONLY	
Amt Due:	_____
Date Received:	_____
Check #:	_____
Receipt #:	_____
Invoice #:	_____

Department of Health and Human Services, Environmental Health Division
 Auburn Office: 3091 County Center Drive, Suite 180, Auburn, CA 95603 (530) 745-2300
 Tahoe Office: 775 N Lake Blvd, Suite 203, Tahoe City, CA 96145 (530) 581-6240

SAFE BODY ART TEMPORARY EVENT COORDINATOR APPLICATION

Application and payment must be received no less than 30 days prior to event start date. Late applications will be subject to penalty fees.

EVENT DETAILS:

Event Name: _____

Event Address: _____

Coordinator Phone: _____ Email: _____

Time & Date of Setup: _____ Hours of Operation: _____

Time & Date of Event: _____

Event Coordinator Name: _____

Event Coordinator Mailing Address: _____

EVENT VENDOR & SERVICES DETAILS

Expected Number of Booths offering Body Art: _____

Expected Number of Artists Offering Body Art: _____

Have all body artists been advised of the Health Department requirements as stated in the Safe Body Art Temporary Event Requirements?:

Yes: No: Initials: _____

Will there be any food vendors with this event?:

Yes: No:

If yes, do all food vendors have the required temporary even Health Permits?

Yes: No:

Will cleaning/decontamination and sterilizing facilities area be provided for body artists?

Yes: No:

Where will it be located? _____

I understand this requirement (Initials) _____

Are Restroom Facilities Available?

Yes: No:

Potable Water Supply Available?

Yes: No:



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SAFE BODY ART TEMPORARY EVENT COORDINATOR APPLICATION (Continued)

How will sharps be disposed of?

Name & Telephone number of Sharps Hauler: _____

Describe garbage/trash disposal (including frequency of pick-up): _____

Are hand washing facilities available?

Yes: No:

Number of hand washing facilities: _____

Location(s) of hand washing facilities: _____

FEE DISCLOSURE

The purpose of this disclosure is for you to be aware, in advance, that your application may result in additional charges. Services are largely fee dependent and most fees are collected at the time of application. It is the policy of Placer County Environmental Health to process applications in an efficient and timely manner. A time accounting and reporting system is in place to track these activities. If an additional amount is required to complete your permit, it shall be paid prior to issuance or final of a permit. An account status is available upon request. Staff time includes field visits, travel time, consultations in the office or by telephone, report review, and application/permit processing. Time may include research for special/unique situations. If you are not sure of a potential charge, please contact this office for clarification.

- Refund requests must be made within 12 months of the *date of the receipt of payment*.
- Refunds are made to the person who originally paid the fee.
- Administration fee will be calculated at 0.75 hours at the Division's current hourly rate and will be deducted from the refund to help cover the costs associated with processing the refund.

PLEASE READ AND SIGN THE STATEMENT BELOW

I understand that I have paid a fee for the septic construction permit application and that permit fees are based on the current hourly rate approved by the Board of Supervisors. I understand that if staff time exceeds this fee, I will be charged an additional amount based upon the actual time spent at the hourly rate. The rate in effect at the time the service was performed shall apply. **I HEREBY CERTIFY THAT THE PROPERTY OWNER HAS AUTHORIZED THIS APPLICATION FOR A CONSTRUCTION PERMIT:**

Applicant Name Printed: _____

Applicant Signature: _____ **Date:** _____

For Office Use Only	OW _____	FA _____	PR _____	PE _____	ON _____
Plans date stamped: Yes _____ No _____					