



City and County of San Francisco  
**DEPARTMENT OF PUBLIC HEALTH**  
**ENVIRONMENTAL HEALTH SECTION**

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

This application is to be completed by each event 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	
ADDRESS		LOCATION OF EVENT	
CITY STATE	ZIP CODE	DATES OF EVENT	HOURS OF OPERATION
RESPONSIBLE PERSON OFF-SITE	TITLE	PHONE NUMBER DAY	FACSIMILE or E-MAIL
RESPONSIBLE PERSON ON-SITE	TITLE	PHONE NUMBER DAY (of event)	FACSIMILE or E-MAIL
ALTERNATE RESPONSIBLE PERSON ON-SITE	TITLE	PHONE NUMBER DAY (of event)	FACSIMILE or 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**

Fee Type	Application Fee (check payable to DPH)	License fee (Day 1 & 2) (check payable to SF Tax Collector)	License fee (Day 3 to end of event) (check payable to SF Tax Collector)
Fees for Event Sponsor	\$100.00	NA	NA
Fees for each T/BP vendor	\$ 46.00	\$ 60.00	\$ 20.00 each day
Fees for each unregistered Practitioner	NA	\$ 25.00	NA

**Submit this application with appropriate fees at least 14 days prior to event**

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

1. Treatment Method:	No. of Units	Locations
<input type="checkbox"/> Steam sterilization (autoclave)		
<input type="checkbox"/> Alternative Treatment		

2. 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 number of any transporter or treatment facility.

**4. DISPOSAL METHOD** Complete this section regarding contaminated waste disposal.

Describe how needles, razors and other contaminated item(s) will be managed and disposed.

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## 5. HAND WASHING FACILITIES

Plumbed sink ☐ or gravity flow station ☐

## 6. 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 possibly infectious materials.

I am the person responsible for the implementation, administration and operation of the activities required to meet the requirements 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 this 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 Ordinance 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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