



BODY ART TEMPORARY EVENT ORGANIZER APPLICATION

EVENT INFORMATION

NAME OF EVENT: _____

EVENT START DATE: _____ EVENT END DATE: _____

EVENT LOCATION: _____

TIME OF SETUP: _____ HOURS OF OPERATION: _____

ORGANIZER INFORMATION

EVENT SPONSOR NAME: _____

SPONSOR MAILING ADDRESS: _____

SPONSOR PHONE NUMBER: _____

SPONSOR EMAIL ADDRESS: _____

EVENT DETAILS

1. EXPECTED NUMBER OF BOOTHS OFFERING BODY ART: _____
2. EXPECTED NUMBER OF BODY ART SUPPLY VENDOR BOOTHS: _____
3. EXPECTED NUMBER OF ARTISTS OFFERING BODY ART: _____

ALL BODY ARTISTS HAVE BEEN ADVISED OF THE HEALTH DEPARTMENT REQUIREMENTS AS STATED IN THE BODY ART TEMPORARY EVENT REQUIREMENTS: YES _____ NO _____

4. MOBILE BODY ART VEHICLES AT EVENT: YES _____ NO _____
5. INFECTION PREVENTION CONTROL PLAN SUBMITTED: YES _____ NO _____
6. CLEANING AND STERILIZING FACILITIES PROVIDED FOR BODY ARTISTS: YES _____ NO _____

LOCATION: _____

(IF NO, IT MUST BE COMMUNICATED TO EACH ARTIST TO BRING ENOUGH EQUIPMENT TO DO THE ENTIRE EVENT. IF AN ARTIST SHOULD RUN OUT OF STERILIZED EQUIPMENT, MUST CEASE OFFERING BODY ART.)

7. NUMBER OF RESTROOMS WITH HOT AND COLD RUNNING WATER _____

8. LICENSED MEDICAL WASTE DISPOSAL COMPANY FOR EVENT:

NAME: _____ PHONE NUMBER: _____

9. DESCRIBE GARBAGE/WASTE STORAGE AND REMOVAL:

NAME OF ORGANIZER / SPONSOR: _____

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____ ASSIGNED TO: _____

AMOUNT DUE _____ AMOUNT PAID _____

SR# _____ PROGRAM: _____ FEES: _____

INVOICE NUMBER _____ FEE PER ADDITIONAL PRACTITIONER: _____

APPROVED BY: _____ DATE _____

PRINT: _____



Community Development Agency
Environmental Health

Env.Health@nevadacountyca.gov
 www.nevadacountyca.gov/eh

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 PO BOX #599002
 Nevada City, CA 95959-7902

PH: (530) 265-1222 ext. 3
 FAX: (530) 265-9854

AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay* form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.mynevadacounty.com>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:

Invoices and/or notices to be mailed to:

APN: _____	Name: _____
Property Owner/Business Name (if applicable): _____	Address: _____
Address: _____	_____
_____	Telephone: _____
Email: _____	Email: _____

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: _____

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

_____ Dated: _____ CDL# _____
 Signature

_____ Tel #: _____
 Printed Name

THIS SECTION FOR OFFICE USE ONLY

Service: _____ Program: _____ Job No: _____

Check #: _____ Project File #: _____ Billing Code: _____

Amount Collected: \$ _____ Receipt #: _____ Date of Receipt: _____

Service: _____ Program: _____ Job No: _____

DPW #: _____ Project File #: _____ Billing Code: _____

Amount Collected: \$ _____ Receipt #: _____ Date of Receipt: _____