

Instructions for Submission for Change of Permit Holder (CPH) Application- Body Art Establishment

Southern Nevada Health District Regulations Governing the Sanitation and Safety of Tattoo Establishments and Body Piercing Establishments stipulate that health permits are not transferrable from person to person or location to location.

A "Change-of-Permit Holder" (CPH) applicant may remain in operation while taking over a functioning establishment under the following circumstances:

The application for CPH is made within 30 days of the start date reflected on the lease or deed;

- An application for the new permit is submitted within 30 days of execution of the change of owner documents (deed, close of escrow, dealer's report of sale, lease agreement, legal contract, etc.);
- The facility has not been physically altered, added or removed major pieces of equipment, or implemented operational changes involving new procedures or equipment;
- The facility has not closed for extensive renovation or other reasons.

A facility undergoing major renovation or remodeling is not eligible for a CPH and must apply as a new establishment. A facility that is closed at the time of lease or purchase must remain closed and apply as a new establishment and is not eligible for CPH.

### 1. Applications may be submitted either in person or online.

<u>Applying in Person</u>: An appointment must be made prior to application for Change-of-Permit Holder in person. All appointments are held at the Southern Nevada Health District, Facilities Design Assessment & Permitting, 333 N. Rancho Dr, Ste 450, Las Vegas, NV. Direct Line: (702) 759-1258 please leave a message and someone will return your call within one business day.

#### Applications <u>cannot</u> be accepted unless the minimum required paperwork is submitted.

#### The minimum requirements to submit an application:

- □ A signed copy of this Instruction Sheet.
- □ A Change of Permit Holder Application signed by the legal owner of the establishment.
- □ A signed copy for our files of a lease agreement, deed or other executed legal documents allowing the Permit Holder access to the facility.
- Documentation of spore testing of sterilizer (if applicable) within the past 30 days.
- □ A written Infection Control Plan
- Copies of the following documents for each operator and technician:
  - Current tattoo/permanent makeup or body piercing Body Art Card.
    - Documentation of the required American Red Cross course in Preventing Disease Transmission or documentation of equivalent training within the past two years, and CPR and First Aid (if applicable).
- □ Patron Documentation as required in the regulations including procedure consent form.
- "Procedure After Care Sheet"

**The application must be submitted and all applicable fees paid at the time of appointment.** All necessary paperwork must be presented for review at the time of appointment.

If an appointment is missed without notice of cancellation, a fee for missed appointment will be charged.



**b.** <u>Applying Online:</u> Submit the completed application packet to <u>bodyart@snhd.org</u> and allow up to three business days for processing. Once the application is processed, an invoice will be emailed to you, which can be paid online. The invoice must be paid by the end of the business day on which it was sent, or your application will be deleted and your business may be subject to closure.

#### The minimum requirements to submit an online application:

- A signed copy of this Instruction Sheet.
- □ A Change of Permit Holder Application signed by the legal owner of the establishment.
- □ A signed copy for our files of a lease agreement, deed or other executed legal documents allowing the Permit Holder access to the facility.
- Documentation of spore testing of sterilizer (if applicable) within the past 30 days.
- □ A written Infection Control Plan
- □ Copies of the following documents for each operator and technician:
  - Current tattoo/permanent makeup or body piercing Body Art Card.
  - Documentation of the required American Red Cross course in Preventing Disease Transmission or documentation of equivalent training within the past two years, and CPR and First Aid (if applicable).
- □ Patron Documentation as required in the regulations including procedure consent form.
- "Procedure After Care Sheet"
- 2. <u>Fees:</u> Payment of fees does not constitute approval or permit to operate. Fees are not refundable, and are only valid for one year from the date of the original submission. CPH applications will be deleted one year and one day from the date of application. Fees must be paid on the date the invoice is received. SNHD bills all permits on a fiscal-year (July-June), not by anniversary date. Fees cannot be prorated or adjusted.
- 3. <u>Inspections:</u> Your assigned inspector will call you to schedule your permitting inspection. If you do not receive a call within one week, please call 702-759-1258 to schedule your inspection. Failure at the permitting inspection due to imminent health hazard, unsanitary conditions, major construction deficiencies or conditions preventing the inspection, will result in closure with fees. Inspection cancellations must be made prior to inspector arrival at the facility. A re-inspection fee will be assessed if the establishment is not ready for a scheduled final inspection, or if the applicant is unable to demonstrate knowledge of safe practices during the inspection. The re-inspection fee must be paid prior to scheduling another final inspection.

Please review the attached "Change of Permit Holder Inspections" information prior to scheduling your inspection to avoid closure with fees.

You or your representatives must contact all other SNHD programs which may be relevant to your project separately, (e.g. Individual Sewage Disposal System, Public Water, Underground Storage Tank, Childcare, etc).

#### I, the undersigned, understand that proper development and operation of this project is my responsibility:

Signed:	Print name:
Date:	Name of Facility:



## Change of Permit Holder Inspections- Body Art Establishments

An inspection of your facility must be scheduled prior to issuance of the permit. Although this is not a complete list of requirements<sup>\*</sup>, completion of the items on this checklist will help you pass your permitting inspection. Note that a prior permit does not guarantee that existing construction and equipment will meet current requirements. Generally, some repairs or corrections are required for older facilities undergoing change of permit holder. You will be given 10 business days to correct most violations that do not directly impact patron health or safety.

- Someone knowledgeable about the operation must be present during the inspection.
- Do you have a current spore test of the sterilizing unit (within 30 days)?
- ✤ Is there adequate hot water at all hand sinks, including restrooms (90 120°F)?
- Are all hand sinks stocked with paper towels and hand soap?
- Is there clean storage available for procedure equipment?
- Are required documents developed and onsite?
  - o Written infection control plan
  - o Copies of employee training documents and SNHD Body Art Cards
  - o Patron consent form and health questionnaire
  - o After care instructions
- Is there adequate lighting in procedure areas?
- Are there proper sharps disposal containers at each procedure station?
- Is there an approved microbiocidal agent onsite to disinfect procedure surfaces?

If the inspector determines that the facility is not safe to operate, the permit will not be issued, your facility will be closed, and you will be assessed closure fees. Please contact your Facilities Design Assessment and Permitting inspector if you have any questions before your scheduled appointment.

Facilities Design Assessment and Permitting 702-759-1258

\*Complete regulations can be viewed at <u>http://www.southernnevadahealthdistrict.org/body-art/regulations.php</u>.



333 N RANCHO DR, STE 450, LAS VEGAS, NV 89106 (702) 759-1258 | <u>WWW.SNHD.INFO</u>

# **CHANGE OF PERMIT HOLDER APPLICATION**

	PERMIT HO	LDER INFORMATION					
CHECK ONE:	Sole Proprietorship:	Partnership:	Partnership: Corporation		LLC:		
Permit Holder name:							
Permit Holder address:							
City:	City:			ZIP Code:			
Phone:	Fax:	E-mail:	E-mail:				
	BUSINESS I	NFORMATION (DBA)					
Name of Business (DBA):							
Facility address:							
City:			State:		ZIP Code:		
Telephone:	Fax:	E-mail:	E-mail:				
		GREEMENT					
<ol> <li>Change of Permit Holder application and annual health permit fees</li> <li>Fee schedule can be located: http://www.southernnevadahealthdis</li> <li>Forms of payment: Cash, Visa, MasterCard, American Express, Bus</li> <li>SIGNATURE OF PERMIT HOLDER/REPRESENTATIVE</li> </ol>		ndistrict.org/download/eh/ Business Check (not starte PLEASE PRINT NAM	strict.org/download/eh/eh-fee-schedule.pdf Isiness Check (not starter), or Money Orders           PLEASE PRINT NAME OF PERMIT HOLDER/REPRESENTATIVE				
TITLE:		DATE:					
	OFF	ICE USE ONLY:					
PREVIOUS RECORD INFO:	FA#	OW#		AR#			
PREVIOUS NAME:		PREVIOUS PERMIT	PREVIOUS PERMIT HOLDER:				
NEW RECORD INFO:	FA#	OW#		AR#			
PERMIT NAME	CATEGORY (SQ FT/# OF SEATS)	PR NUMBE	R	SR N	IUMBER		



FACILITY INFORMATION								
Projected date of new Permit Holder taking over:			Hours of opera	Hours of operation:				
Septic Tank: YES NO	Muni Sewer: YES NO	Water supply: Wel	I Muni System	N/A	Grease Interceptor: YES NO			
		-						
# Of Employees:	# Of Employee Restrooms	# of Customer Restro	# of Customer Restrooms # of Drive Through Windows					
					t, do hereby attest and affirm that			
this facility is [ ] EXEMPT or	[ ] NOT EXEMPT from compliance	with the requirements of	of NRS 202.2483	inclusive.				
Is the establishment currently	open and operating?							
If YES, were the ownership do	cuments signed more than 30 days	ago?						
Is the establishment surrently	under waiver, variance, or HACCP	alan approved by CNUD	) If VEC describ					
	under waiver, variance, or hacce p		I TES, describ	e.				
FOOD ESTABLISHMENTS ONLY: Are special processes being utilized or being planned? (Reduced oxygen packaging, curing, smoking, using preservatives,								
sprouting seeds/beans, custom meat processing?)								
Is the establishment undergoing remodel? If YES, describe:								
Have you ever operated this type of establishment before?								
TYPE OF PERMIT(S) YOU ARE APPLYING FOR, INCLUDE NUMER OF SEATS AND/OR SQUARE FOOTAGE								
Restaurant/ seats:	Drinking Establishment/Seats:	Snack Bar/S	eats:		Kitchen/ Sq Ft:			
Market/ Sq Ft:	Bakery/Sq Ft:	Food Proces	sor/ Sq Ft:		Warehouse/Sq Ft:			
School/ Sq Ft:	Commercial Childcare/ Sq Ft:	Body Arts- 1	attoo/Piercing So	q Ft:	Other/ Sq Ft:			
GENERAL INFORMATION FOR THE APPLICANT								

An annual health permit fee and a one-time Change of Permit Holder fee must be paid upon receipt of your invoice.

In-person submissions are accepted at 333 N Rancho, Ste 450 by appointment only. Call 702-759-1258 to schedule an appointment. If an appointment is missed without a cancellation, a fee for a missed appointment will be charged before another appointment will be scheduled. Applications can also be submitted online to <u>FoodRev@snhd.org</u>.

A representative for the new Permit Holder may make application for the change of permit holder on their behalf. The application cannot be processed without the following information:

- A signed copy of the Instructions for Submission for Change of Permit Holder Application.
- Minimum required documents listed on Instructions for Submission for Change of Permit Holder Application.
- A Change of Permit Holder Application signed by the legal owner of the establishment.
- A signed copy for our files of a lease agreement, deed or other executed legal documents allowing the Permit Holder access to the facility.
- Ability to pay all applicable fees (cash, credit/debit card business check [pre-printed address, no starter checks, no alterations]).