



Special Programs-Main Facility – 330 S, Valley View Blvd., Las Vegas, NV 89107
 (702) 759-0677 (702) 558-3139 (Fax)

BODY ART BOOTH SPECIAL EVENT HEALTH PERMIT APPLICATION

Incomplete applications shall be denied.
 Type or print clearly.

CHECKS NOT ACCEPTED

Applications **MUST** be received at the office at least 30 days **PRIOR** to the event or a late fee will be assessed. **NO EXCEPTIONS**. If mailing this application, a **cashier's check** or **money order MUST** accompany this form.

Length of Event	Booth Permit Fee* *Applies <u>ONLY</u> when there are less than 11 Booths	Late Fee	Late Fee w/ less than 1 business day notice
1 – 5 Day Event	\$464 Per Booth	\$232 Per Booth	\$464 Per Booth
6 – 10 Day Event	\$609 Per Booth	\$304 Per Booth	\$609 Per Booth
11 – 15 Day Event	\$754 Per Booth	\$377 Per Booth	\$754 Per Booth

Maximum size of each booth is 150 square feet. Each artist must have at least fifty (50) square feet of floor space. You may have up to **three (3) artists** in a 150 square feet booth.

All individual tattoo and permanent makeup artists or body piercing technicians must **each** pay a Special Event Operator fee of **\$145** with this application.

Artist Fee	Late Fee	Late Fee w/ less than 1 business day notice
\$145	\$73	\$145

Attach with this application:

- Documentation of a minimum of six months experience/training in the Tattoo, Permanent Makeup, or Body Piercing field or copy of valid Clark County Body Art Health Card for each operator.
- Copy of Client Consent Form, After Care Instructions, and Spore Test.

Event Information

Name of Event: _____

Name of Event Coordinator: _____

Event Coordinator Phone Number: _____

Location/Address of Event: _____

Date(s) of Event: _____

Hours of Event: _____

Artist Information: (Maximum of 3 artists per 150 square feet booth)

Name of Artist #1: _____

Home Address: _____

Phone Number: _____

Body Art Type (Tattoo, Perm Makeup, or Body Piercing): _____

Name of Artist #2: _____

Home Address: _____

Phone Number: _____

Body Art Type (Tattoo, Perm Makeup, or Body Piercing): _____

Name of Artist #3: _____

Home Address: _____

Phone Number: _____

Body Art Type (Tattoo, Perm Makeup, or Body Piercing): _____

Body Art Booth Information

Booth square feet: _____

Time booth will be ready for inspection on first day of event: _____

Location of hand washing facility: _____

Procedure light source used (lamps, headband): _____

Disposable sterile instruments: _____ Manufacturer: _____

Sterilized non-disposable equipment used: _____

Spore test date: _____

Sanitizer used on equipment (chlorine, quaternary ammonium, phenol-based): _____

Disposal method of all sharps and bio-hazard wastes: _____

THE OPERATOR IS RESPONSIBLE FOR MEETING ALL REQUIREMENTS AS SET FORTH IN THE APPLICABLE SECTIONS OF THE *SOUTHERN NEVADA HEALTH DISTRICT REGULATIONS GOVERNING THE SANITATION OF TATTOO/PERMANENT MAKEUP/BODY PIERCING ESTABLISHMENTS.*

I UNDERSTAND THAT FAILURE TO COMPLY WITH ALL APPLICABLE REGULATIONS MAY RESULT IN IMMEDIATE REVOCATION OF THE BODY ART BOOTH SPECIAL EVENT HEALTH PERMIT.

Body Art Artist #1 Signature

Date

Body Art Artist #2 Signature

Date

Body Art Artist #3 Signature

Date