



Temporary Health Permit Artist Application - Body Art

Type or print clearly – Incomplete applications will be denied

Event Information			
Name of Event:			
Event Location:			
Event Date(s):		Event Hours:	

Applicant Information	
Name of Artist:	
Billing Address:	
City, State ZIP Code:	
Best Contact Phone #:	
Email Address:	
Body Art Type:	<input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT MAKE-UP
Name of shop you are affiliated with:	

Equipment Information		
Type of Instruments to be used:	<input type="checkbox"/> Disposable <input type="checkbox"/> *Non-disposable	*Spore test must be conducted within 30 days of the event and be available at your work station.
Instrument Manufacturer(s):		
Type of Sanitizer:	<input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary <input type="checkbox"/> Ammonium <input type="checkbox"/> Phenol-based <input type="checkbox"/> Other _____	

Your application will not be processed without these items	Required Documentation
	<p>Submit <u>one</u> of the following with application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Valid SNHD Body Art card # _____ Expiration date: _____ <input type="checkbox"/> Experience Verification Form with at least six (6) months of experience <input type="checkbox"/> Body art license from another state issued more than six (6) months prior to submitting application <input type="checkbox"/> Business license for tattoo, permanent make-up, or body piercing issued more than six (6) months prior to submitting application and must have applicants name on it. <p>The following <u>must</u> be submitted with application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client Consent Form <input type="checkbox"/> Aftercare Instructions

Artist Fees	Mailed applications must be received no later than thirty (30) days prior to the event – <u>No Exceptions.</u> Apply in-person at: 333 N. Rancho Dr. #450 Las Vegas, NV 89106 Monday – Friday 8am-4pm (except on holidays)		
Application, fee and required documentation must be received by the office at least thirty (30) calendar days <u>PRIOR</u> to the event or a late fee will be assessed. <u>ALL PERMIT FEES ARE NONREFUNDABLE</u> <u>NO EXCEPTIONS.</u>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Fee with thirty (30) days advance notice</td> <td style="text-align: center; width: 30%;">\$145.00</td> </tr> </table>	Fee with thirty (30) days advance notice	\$145.00	
Fee with thirty (30) days advance notice	\$145.00		
Make Cashier's Check or Money Order payable to: Southern Nevada Health District Personal & Business Checks <u>NOT</u> accepted. Cash, Visa & Master Card accepted in-person ONLY.			

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 Body Art Establishments.*

<http://www.southernnevadahealthdistrict.org/body-art/regulations.php>

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

Artist Signature: _____

Date: _____

Mail application, payment & ALL required documentation to:

SNHD EH Rancho - Special Programs, P.O. Box 3902, Las Vegas, NV 89127
Phone (702) 759-0677 ▶ Fax (702) 759-1486 ▶ Email bodyart@snhdmail.org