

Temporary Health Permit Event Coordinator (EC) Application - **Body Art****An Event Coordinator is required if there is more than one booth at the event**

Name of Event: Event Location/Address: Event Date(s):	Information		
Event Location/Address:			
	Event Hours:		
	Event riours.		
Cont	Information		
EC Business Name:			
EC Billing Address:			
City, State ZIP Code:			
EC Business Phone:			
Contact Name:			
Contact Phone Number during event:			
Email Address:			
Dooth 9	tist Information		
Number of Booths:	Number of Artists: h booth's compliance with the applicable regulati		
of the equipment OR Operator sterilize thirty (30) days of the special event a	erilized, disposable instruments and the manufactinstruments (ensure spore test is completed with a copy is provided to the Health District) d work area (chlorine, quaternary ammonium or transfer wastes		
	zara wastes		
Fees			
Application AND Fee 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. ALL PERMIT FEES ARE NONREFUNDABLE – NO EXCEPTIONS.		Mailed applications mube received no later the thirty (30) days prior the event –	
	No Excep	tions.	
ee with 30 days advance notice	Apply in-per 333 N. Rancho Las Vegas, N	Dr. #450	
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.		Monday – Friday 8am-4p (except on holidays)	
Health District Regulations Gov	ments as set forth in the applicable sections of the <i>Southern</i> and the Sanitation of Body Art Establishments. Iistrict.org/body-art/regulations.php	Nevada	

Mail application & payment 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