



333 N RANCHO DR, STE 450, LAS VEGAS, NV 89106  
 (702) 759-0677 | SPECIALPROGRAMS@SNHDMAIL.ORG

## BODY ART, CHILD CARE, SCHOOLS & WATER STORE FACILITY PERMIT APPLICATION

**Facility Permit:**  New Facility  Remodel  Change of Ownership  
**Permit Type:**  Body Art  Child Care  School  Water Store

### OWNER CONTACT INFORMATION (PERMIT HOLDER)

Owner of Business:  
 (Print Corporation or LLC, if applicable)

Sole Proprietorship: [ ] Partnership: [ ] Corporation: [ ] LLC: [ ]

Registered Owner Address:

City: State: ZIP Code:

Phone: Fax: Email:

### FACILITY INFORMATION (DBA OF BUSINESS)

Name of Business (DBA):

Facility Address:

City: State: Zip Code:

Phone:

### FACILITY ESTABLISHMENT PERMIT INFORMATION (answer all questions)

Projected Date of Opening: Hours of Operation:

Septic Tank:  YES  NO Water Supply:  MUNICIPAL  WELL Sewage Disposal:  MUNICIPAL  ON-SITE DISPOSAL

Is establishment currently open and operating?  YES  NO Are ownership documents greater than 30 days?  YES  NO  
 (If yes, change of ownership) (If yes, late fees apply)

Is establishment under a remodel?  YES  NO  
 (If yes, new plan review)

#### BODY ART PERMITS

Body Piercing  Tattoo/Permanent Make-up

#### CHILD CARE PERMITS

Applied for Child Care License?  YES  NO

#### SCHOOL PERMITS

School  School Kitchen

Grade Levels: PRE-K K ONLY K-8 9-12

#### AGREEMENT

- New Permits & Remodels:** Call (702) 759-0677 to make an appointment to submit plans for review.
- Change of Ownership:** Email ALL documents listed on the "Instructions for Submission" form to [specialprograms@snhdmail.org](mailto:specialprograms@snhdmail.org).
- Fees:** Plan review, change of ownership and annual health permit fees must be paid at time of application submission; plan review fees are determined after the meeting. **Permit fees are paid annually based on SNHD fiscal year July 1 – June 30 and are not prorated. Fees are non-refundable.** Fee schedule may be found online at: <http://www.southernnevadahealthdistrict.org/download/eh/eh-fee-schedule.pdf>.
- Forms of Payment:** Cash, Business Check (not starter), Money Order, American Express, Discover, MasterCard & Visa, accepted.
- Plans & Specifications:** Required with ALL submissions (review Section 4 on the "Instructions for Submission" form for details).
- Regulations:** Body Art, Child Care, Schools & Water Store facility regulations may be found online at: <http://www.southernnevadahealthdistrict.org/regulations.php>.

<b>SIGNATURE OF OWNER/REPRESENTATIVE*</b> *Representatives must show proof of authorization	<b>PRINT NAME OF OWNER/REPRESENTATIVE</b>	<b>DATE</b>
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#### OFFICE USE ONLY:

<b>Previous Record Info:</b>	<b>FA:</b>	<b>OW:</b>	<b>AR:</b>
<b>Previous Name:</b>		<b>Previous Owner:</b>	
<b>New Record Info:</b>	<b>FA:</b>	<b>OW:</b>	<b>AR:</b>
<b>PERMIT NAME</b>	<b>RISK CAT./SQ FT/# OF CHILDREN</b>	<b>PR NUMBER</b>	<b>SR NUMBER</b>