



## Body Art - Temporary Permit Artist Application

**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 workstation. |
| 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 _____ |   |

| Required Documentation                                     |   |
|--|---|
| Your application will not be processed without these items | <p><b>Submit <u>one</u> of the following with application:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Valid SNHD Body Art card # _____ Expiration date: _____</li> <li><input type="checkbox"/> Experience Verification Form with at least six (6) months of experience</li> <li><input type="checkbox"/> Body art license from another state issued more than six (6) months prior to submitting application</li> <li><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.</li> </ul> <p><b>If there is no event coordinator, then the following <u>must</u> be submitted with application:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Client Consent Form</li> <li><input type="checkbox"/> Aftercare Instructions</li> <li style="margin-left: 150px;"><input type="checkbox"/> Biohazardous Waste Disposal Plan</li> <li style="margin-left: 150px;"><input type="checkbox"/> Site Plan of Work Area</li> </ul> |

| Artist Fees  |          |
|--|----------|
| <u>ALL PERMIT FEES ARE NONREFUNDABLE NO EXCEPTIONS.</u>  |          |
| Fee with thirty (30) days advance notice   | \$190.00 |
| <p style="text-align: center;">Send Application &amp; ALL required documentation to:</p> <p style="text-align: center;">           ▶ Email <a href="mailto:bodyart@snhd.org">bodyart@snhd.org</a>                ▶ Fax (702)759-1486         </p> <p style="text-align: center;">An invoice will be emailed once the application paperwork is processed.</p> |          |
| <p style="text-align: center;">Applications &amp; required documentation must be received no later than thirty (30) days <u>prior</u> to the event –</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">No Exceptions.</p> <p style="text-align: center;">Questions? Contact Special Programs at (702) 759-0677</p>                     |          |

The applicant 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: \_\_\_\_\_