



# HEALTH PERMIT APPLICATION

WWW.SNHD.INFO | FoodRev@snhd.org | (702) 759-1258

OWNER INFORMATION			
Mark all that apply ( <b>REQUIRED</b> ): <input type="checkbox"/> <b>New Permit</b> <input type="checkbox"/> <b>Change of Permit Holder</b> <input type="checkbox"/> <b>Remodel</b>			<b>New Construction?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Ownership: <input type="checkbox"/> <b>Sole Proprietorship</b> <input type="checkbox"/> <b>Partnership</b> <input type="checkbox"/> <b>Corporation</b> <input type="checkbox"/> <b>LLC</b>			<b>Is the facility open and operating?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Name:		Corporation or LLC Name (must match business license):	
Mailing Address:			Suite/Apt:
City:		State:	ZIP Code:
Owner Phone:	Alternate Phone:	Owner E-Mail:	
Who may the inspector contact for Plan Review?			
Name:	Phone:	Email:	
BUSINESS INFORMATION			
Name of Business (DBA):			
Physical Address:			Suite/Unit:
Assessor's Parcel Number (Required if no physical address is available):		Business License Jurisdiction: <input type="checkbox"/> CLV <input type="checkbox"/> CC <input type="checkbox"/> NLV <input type="checkbox"/> HEND	
City:		State: Nevada	ZIP Code:
Business Phone:	Business E-Mail:	<b>Health Permit(s) and Invoices may be mailed to:</b> <input type="checkbox"/> Owner's Address <input type="checkbox"/> Business Address	
Projected Opening Date:	Hours of Operation:		
Septic Tank: <input type="checkbox"/> YES <input type="checkbox"/> NO	Municipal Sewer Connection: <input type="checkbox"/> YES <input type="checkbox"/> NO	Water supply: <input type="checkbox"/> Municipal System <input type="checkbox"/> Well <input type="checkbox"/> N/A	Grease Interceptor <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Nevada Clean Indoor Air Act (NCIAA): <input type="checkbox"/> Exempt <input type="checkbox"/> Not Exempt from compliance with the requirements of NRS 202.2483 inclusive		Do any existing health permits require deletion? <input type="checkbox"/> YES <input type="checkbox"/> NO If <b>YES</b> , you must fill out a <i>Notice of Business Closure</i> form.	
PERMIT TYPE			
<input type="checkbox"/> Annual Event Coordinator	<input type="checkbox"/> Childcare	<input type="checkbox"/> School	<input type="checkbox"/> Water Store
<input type="checkbox"/> Bar	<input type="checkbox"/> Cosmetic Manufacturer	<input type="checkbox"/> Supplement/Drug Manufacturer	<input type="checkbox"/> Vending Machine
<input type="checkbox"/> Body Art	<input type="checkbox"/> Food / Drink	<input type="checkbox"/> Warehouse/Storage	<input type="checkbox"/> Other:
ACKNOWLEDGEMENT			
Nevada Revised Statute 446.930 requires that properly prepared plans and specifications be submitted to the Health Authority for review and approval when construction or remodeling of food and drink establishments is anticipated, and prior to the start of such work. Applications submitted for establishments after construction has begun or greater than 30 days after taking over ownership will be charged late fees as provided in the <a href="#">EH Fee Schedule</a> .			
I acknowledge that I have answered all questions honestly, accurately, and completely and that I have read and understand the General Information listed above. I will comply with SNHD REGULATIONS and allow the HEALTH AUTHORITY unimpeded access to the establishment and to records as required.			
Owner/Applicant → <b>Signature:</b>		Owner/Applicant → <b>Print Name:</b>	
Owner/Applicant → <b>Title:</b>		→ <b>Date:</b>	



# INSTRUCTIONS FOR SUBMISSION OF PLANS FOR REVIEW

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### Electronic Submissions for Remote Review (Preferred)

Applications may be submitted electronically, without an appointment, to [FOODREV@SNHD.ORG](mailto:FOODREV@SNHD.ORG). If you are submitting a large file and would like an upload link, please call (702) 759-1258 to request one.

Once staff have verified that the application packet is complete (see attached **Minimum Requirements for Plan Submission**), you will receive a plan review appointment invitation. Plans are reviewed remotely on the day of the appointment. An inspector will contact you via phone or email when they begin reviewing your plans. The plan status, required corrections, and an invoice will be provided to you via email after the review is complete.

### In-Person Submissions

If you are unable to submit your application electronically, you may schedule an appointment on a "first come, first served basis" for in-person submission by calling (702) 759-1258.

### Payment of Fees

- Plan Review and Annual Health Permit fees must be paid upon receipt of the invoice.
- Plan Review Fees are not refundable.
- Fees may be paid online: [www.snhd.info/eh/payment](http://www.snhd.info/eh/payment)
- The Fee Schedule may be found on our website: [www.snhd.info/permits-regulations](http://www.snhd.info/permits-regulations)
- Forms of payment accepted are: Cash, Visa, MasterCard, American Express, Discover, Business Check (no starter checks), and Money Order.

### Inspections

Up to two on-site visits, a "rough plumbing" inspection, and a "pre-final" walkthrough, may be required or requested prior to the final permitting inspection. Failure to provide proof of approvals, if required, from other agencies of jurisdiction (such as Fire Prevention or Building & Safety) may delay the final approval of the project.

Inspection cancellations must be made prior to the inspector's arrival at the facility. A re-inspection fee for each permit will be assessed if the establishment is not ready for a scheduled inspection. All fees must be paid prior to scheduling any field appointments.

Establishments must be fully functional, with water, power, gas, and hot water, with equipment fully operational. A Certificate of Occupancy or Temporary Certificate of Occupancy must be obtained prior to the final permitting inspection for new construction or remodel projects as required by the jurisdiction. Establishments may not stock food or open for business until after the final permitting inspection has been completed and passed and approvals from other agencies have been obtained.

### Other Information

Undisclosed design or operational characteristics on plans and/or applications do not constitute approval of such mistakes or omissions. It is the responsibility of the permit holder to properly develop the project and contact all applicable agencies and SNHD programs for approvals such as Individual Sewage Disposal System, Public Water Systems, Underground Storage Tanks, HACCP/Labeling, etc.

### Social Distance for Safety

Social distancing requirements for field inspections must be adhered to and include no more than 2 facility representatives at the inspection, physical distancing of at least 6 feet between people, use of face coverings, and excluding individuals who display symptoms of illness from the premises.

**Appointments for review will not be conducted until staff verify that the application packet is complete and all required documents, as specified in the *Minimum Requirements for Plan Submission* (attached), are turned in.**

**I, the undersigned, as a representative of the permit holder/applicant, have read, understand, and agree to be held to the conditions and responsibilities as provided in this document.**

Owner/Applicant → <b>Signature:</b>		Owner/Applicant → <b>Print Name:</b>	
Owner/Applicant → <b>Title:</b>		→ <b>Date:</b>	

OFFICE USE:

PERMIT NAME/IDENTIFIER	RISK	SQ FT/SEATS	PR NUMBER	SR NUMBER

## MINIMUM REQUIREMENTS for PLAN SUBMISSION

**All businesses are required to have a City or County business license *and* a business license with the Nevada Secretary of State prior to operating. The ownership information on the health permit must match the ownership on the business license.**

### FOOD / DRINK

- A completed application and signed *Instructions for Submission of Plans for Review*.
- A contact person who can answer questions about the facility operation and plans.
- Proof of Ownership in the form of a Lease, Deed, or other legal document granting permission for the permit applicant to operate at the specified physical location.
- Plans – Required for New and Remodel Permits only:** Submit plans in electronic format (PDF). Plans must include: Equipment layout and specifications; plumbing supply lines, waste lines, and fixtures; finishes of floors, walls, and ceilings; and lighting. You may also include photos as needed.
- Menu – Required for establishments with open-food handling.
- Food Questionnaire – Required for establishments that cook, cool, or reheat food.
- Commissary Agreement – Required for establishments that are non-permanent or portable.

### CHILDCARE, SCHOOLS, AND INSTITUTIONS

- A completed application and signed *Instructions for Submission of Plans for Review*.
- A contact person who can answer questions about the facility operation and plans.
- Proof of Ownership in the form of a Lease, Deed, or other legal document granting permission for the permit applicant to operate at the specified physical location.
- Plans – Required for New and Remodel Permits only:** Submit plans in electronic format (PDF). Plans must include: Equipment layout and specifications; plumbing supply lines, waste lines, and fixtures; finishes of floors, walls, and ceilings; and lighting. You may also include photos as needed.
- Layout of the outdoor play area, including climbable equipment, protective surfacing, and shade structure(s) if applicable.
- Menu – Required for establishments with open-food handling.
- Room dimensions and occupancy information must be provided.
- If there are classrooms for children under 5 years old, toilet heights (floor to rim) and hand sink heights must be provided on the plans.

### BODY ART

- A completed application and signed *Instructions for Submission of Plans for Review*.
- A contact person who can answer questions about the facility operation and plans.
- Proof of Ownership in the form of a Lease, Deed, or other legal document granting permission for the permit applicant to operate at the specified physical location.
- Plans – Required for New and Remodel Permits only:** Submit plans in electronic format (PDF). Plans must include: Equipment layout and specifications; plumbing supply lines, waste lines, and fixtures; finishes of floors, walls, and ceilings; and lighting. You may also include photos as needed.
- Procedure After Care Sheet, Procedure Consent Form, and a written Infection Control Plan
- Documentation of the American Red Cross course in Preventing Disease Transmission or documentation of equivalent training within the past two years, and CPR and First Aid (if applicable)
- Documentation of spore testing of all sterilizers (if applicable) within the past 30 days
- Current Body Art Card

### HOTEL/MOTEL & DRUGS, COSMETICS, SUPPLEMENT MANUFACTURERS

- A completed application and signed *Instructions for Submission of Plans for Review*.
- A contact person who can answer questions about the facility operation and plans.
- Proof of Ownership in the form of a Lease, Deed, or other legal document granting permission for the permit applicant to operate at the specified physical location.
- Plans – Required for New and Remodel Permits only:** Submit plans in electronic format (PDF). Plans must include: Equipment layout and specifications; plumbing supply lines, waste lines, and fixtures; finishes of floors, walls, and ceilings; and lighting. You may also include photos as needed.
- Menu – Required for establishments with open-food handling.
- Drug/Cosmetic/Supplement Manufacturers are required to register with the FDA.



# BODY ART QUESTIONNAIRE

333 N RANCHO DR, STE 450, LAS VEGAS, NV 89106

(702) 759-1258 | WWW.SNHD.INFO | [FoodRev@snhd.org](mailto:FoodRev@snhd.org)

<b>Business Name:</b>		<b>Business Address:</b>	
<b>Owner/Contact Name:</b>		<b>Email Address:</b>	
<b>Phone/Cell:</b>		<b>Alternate Phone/Cell:</b>	
How many artists will be working at this location?			
How many workstations or booths do you have?			
What is the total area, measured in square feet, of the body art facility?			
Do you have a minimum of 100 square feet of space per technician/artist?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a permanently plumbed restroom with hot and cold running water?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a permanently plumbed hand sink in each workstation or booth?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have an appropriate trash and sharps container?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Are all furnishings made of durable, smooth, easily cleanable, non-absorbent materials that are in good condition?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Floor Finishes: What material(s) is the floor made of?			
Wall Finishes: What material(s) is the floor made of?			
Ceiling Finishes: What material is the ceiling made of?			
What materials are your countertops made of?			
Are you using an FDA registered autoclave or dry heat sterilizer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		If yes, when was the last spore test done?	
What kind of tattoo machine/blades are you using?			
Where do you plan to store your equipment/gloves/ink caps/gauze, etc.?			
<b>REQUIRED DOCUMENTATION</b>			
Do you have a written aseptic procedure or infection control plan?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a written consent form that includes: Artist's name; customer's name, age, address; procedure date; design and location of the body art?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your written consent form include an advisory: "Tattoo(s) should be considered permanent; that it can only be removed with a surgical procedure; and that any effective removal may leave permanent scarring and disfigurement"		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your medical history form include wording in regard to the customer's history of jaundice or hepatitis within the past 12 months?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have an aftercare instruction form that includes: A list of possible side-effects and the statement, "If an adverse reaction or infection develops at the site of your tattoo, contact your personal physician for treatment and report to SNHD Special Programs at (702) 759-0677"?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do all technicians have their SNHD Body Art Card?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p><b>Any questions that you have answered "No" to above must be addressed/corrected prior to your appointment. See page 5 for regulatory references. The complete Body Art regulations can be found here:</b></p> <p><a href="http://www.southernnevadahealthdistrict.org/body-art/regulations.php">http://www.southernnevadahealthdistrict.org/body-art/regulations.php</a></p>			