



(702) 759-0676 | WWW.SNHD.INFO | BodyArt@snhd.org

WAIVER APPLICATION

Facility Name:		Permit Number:	PR
Facility Address:		Mailing Address:	
Business License Jurisdiction:	<input type="checkbox"/> CLV <input type="checkbox"/> CC <input type="checkbox"/> NLV <input type="checkbox"/> HEND <input type="checkbox"/> OTHER	Phone Number:	
Contact Name:		Email Address:	
OFFICE USE:	FA	SR	Payment Received <input type="checkbox"/>
Use of Waiver: All questions below MUST be answered completely or your application will not be processed. Standard Operating Procedures must be submitted on company letterhead and signed by authorized personnel.			

1. What is the Regulation you would like waived? Include the Regulation reference and a description of the regulation:

2. What reasons do you have for wanting this regulation waived? Use additional sheet if necessary

3. In general, what health and safety concerns or risks does this regulation address? What risks would be present if the requirements of this regulation are removed? Answering “none” or “there are no risks” is not an acceptable answer:

4. How will you control the risks listed above? (Use an additional page if needed or refer to supporting documentation)

5. Documentation included to support your waiver request: Check all that apply

<input type="checkbox"/> Standard Operating Procedure(s)	<input type="checkbox"/> Certificate of Occupancy
<input type="checkbox"/> Contract for Service Provider(s)	<input type="checkbox"/> Menu
<input type="checkbox"/> Approval from Another Agency	<input type="checkbox"/> Equipment Specifications or Manuals
<input type="checkbox"/> Site Plans or Maps	<input type="checkbox"/> Other

6. Does this waiver affect more than one location? No Yes (If yes, separate waiver applications may be required)

Pursuant to Chapter 10 of these REGULATIONS, failure to meet the conditions of the WAIVER may result in immediate revocation of the WAIVER. Waivers are not transferrable to other locations or PERMIT HOLDERS.

Signature of Owner or Authorized Representative _____ Date _____