



BODY ART CHANGE OF PERMIT HOLDER APPLICATION

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

OWNER INFORMATION			
Mark all that apply (REQUIRED): <input type="checkbox"/> New Permit <input type="checkbox"/> Change of Permit Holder <input type="checkbox"/> Remodel			New Construction? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			Is the facility open and operating? <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:	Health Permit(s) and Invoices may be mailed to: <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 YES , 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 EH Fee Schedule .			
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 → Signature:		Owner/Applicant → Print Name:	
Owner/Applicant → Title:		→ Date:	

Electronic Submissions (Preferred)

- Applications may be submitted electronically, without an appointment, to foodrev@snhd.org
- If you are submitting a large file and would like an upload link, please call (702) 759-1258 to request one.

In-Person Submissions

If you are unable to submit your application electronically, you may schedule an appointment by calling (702) 759-1258.

Review and Invoice

The application will be reviewed to verify that all required documents have been received as specified in the *Minimum Requirements for Submission* Document (pg. 3). Once verified, an invoice for the health permit and change of permit holder will be sent to the applicant. After the invoice is paid, the application will be forwarded to an assigned inspector.

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
- The Fee Schedule may be found on our website: www.snhd.info/permits-regulations
- Forms of payment accepted: Cash, Credit Cards, Business Checks (no starter checks), and Money Orders.



Final Permitting Inspection

The assigned inspector will contact the applicant within 7-14 days after payment is received to schedule an inspection. To pass the inspection, the establishment must meet *Minimum Requirements for Final Permitting Inspections* (pg. 4), and all equipment must be installed and operational.

Inspection Cancellations

Inspection cancellations must be made prior to the inspector's arrival at the facility to avoid a missed appointment fee. If the establishment does not pass a scheduled inspection, a re-inspection fee for each permit will be assessed. All fees must be paid prior to scheduling any field appointments.

Other Information

- A Change of Permit Holder does not require plan submission.
- The concept of being grandfathered is not applicable to facilities that change permit holders. Equipment and facilities are expected to be in good condition, maintained, repaired or replaced. The new operator is expected to meet the requirements of the most current regulation.
- A Change of Permit Holder that is undergoing a remodel must apply for the remodel separately and submit plans. If the scope of the remodel is extensive, the inspector may prohibit the facility from doing a Change of Ownership and may require a NEW construction permit application.
- If the establishment was taken over by the new owner while the business was operational, the business may remain operational during the transition unless the inspector determines that it is unsafe to do so. If the establishment was taken over after being closed for a period of time, the operation must remain closed during the permitting process.
- 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 → Signature:		Owner/Applicant → Print Name:	
Owner/Applicant → Title:		→ Date:	

OFFICE USE:

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

MINIMUM REQUIREMENTS for 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.
- 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.
- Menu – Required for establishments with open-food handling.

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.
- Body Art Questionnaire
- Body Art Required Document Attestation

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.
- A list of ingredients and lab testing if applicable.
- 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

Business Name:		Business Address:	
Owner/Contact Name:		Email Address:	
Phone/Cell:		Alternate Phone/Cell:	
How many artists will be working at this location?			
How many workstations do you have?			
What is the total area, measured in square feet, of the body art facility?			
Do you have a minimum of 80 square feet of space per body 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 within 15 feet of each workstation?		<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) are the walls made of?			
Is there a trashcan at each workstation and at least one biohazard waste receptacle?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are all dyes and pigments commercially manufactured for body art procedures?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Are you using a sterilizer?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If yes, Date of last spore test:	
Is there an equipment processing room with a 2-compartment sink?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Are all needles, blades, and razors disposable?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Does the sterilizer meet ANSI/AAMI ST79 Standards?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is jewelry from a commercial jewelry supplier?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Is there a workstation that can be screened for privacy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOCUMENTATION & PERMITTING			
Do you have a Biohazard Waste Disposal plan?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a Patron Consent form:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(review and sign <i>Body Art Document Checklist</i>)			
Do you have written Aftercare Instructions?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(review and sign <i>Body Art Document Checklist</i>)			
Do you have a written Infection Control Plan?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(review and sign <i>Body Art Document Checklist</i>)			
Do all body artists have their SNHD Body Art Card?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Will any of the body artists do piercing?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Will any of the body artists do tattooing or permanent makeup?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Will any of the body artists do body modification procedures such as dermal punching or implantation?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Will any of the body artists in your establishment operate under a separate business license?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Any questions that you have answered "No" to above must be addressed/corrected prior to your appointment.			
The complete Body Art regulations can be found here: www.snhd.info/body-art/regulations.php			

BODY ART REQUIRED DOCUMENT ATTESTATION

CHECK EACH BOX AFTER VERIFYING THE APPLICABLE INFORMATION IS PRESENT ON THE REQUIRED DOCUMENTS

INFECTION CONTROL PLAN (7.12)

- Body art procedures performed in the body art establishment
- Operating procedures for:
 - o Cleaning and disinfecting surfaces
 - o Cleaning and disinfecting reusable instruments and equipment
 - o Protecting clean instruments and sterile instrument packs from contamination during storage
 - o Protecting clean instruments, equipment, and surfaces during a procedure
 - o Set-up and tear-down for each type of body art procedure
 - o Safe handling and disposal of sharps and biohazardous waste

CONSENT FORM (6.3)

- Body artist's name as indicated on body art card;
- Patron's name, date of birth, phone number, and address;
- Documentation of parental or custodial consent for patrons who are less than 18 years of age;
- Notification of risk detailing the possible consequences of a body art procedure. Must include, at minimum: Body art can cause swelling, bruising, discomfort, bleeding, pain, allergic reactions, irreversible changes to the body, has a risk of infection, and may leave permanent scarring and disfigurement.
- Patron evaluation section that includes the following statement, "Consult a physician prior to the procedure if you have any concerns about any of the questions below:"
 - o Have you eaten within the past 4 hours?
 - o Are you under the influence of drugs or alcohol?
 - o Have you ingested anticoagulants (such as heparin or warfarin), antiplatelet drugs, or nonsteroidal anti-inflammatory drugs (NSAIDs) (such as aspirin, ibuprofen, etc.) in the last 24 hours?
 - o Have you ingested any medication that can inhibit the ability to heal a skin wound?
 - o Do you have any allergies or adverse reactions to dyes, pigments, latex, iodine, or other such products?
 - o Do you have hemophilia, epilepsy, a history of seizure, fainting, narcolepsy, or other conditions that could interfere with the body art procedure?
 - o Do you have a history of skin diseases that might inhibit the healing of the body art procedure?
 - o Do you have any communicable diseases (i.e., hepatitis A, hepatitis B, HIV, or any other disease that could be transmitted to another person during the procedure)?
 - o Do you have diabetes, high blood pressure, heart condition, heart disease, or any other conditions that could interfere with the body art procedure?
- Date and type of body art procedure, location on body, & design (if applicable)
- Jewelry styles/sizes, and expiration date, batch/lot number of sterilized/pre-sterilized equipment that will be applied to or inserted under the skin (if applicable)
- Expiration date, brand, color, batch/lot number of inks, dyes, and pigments used
- Any complications that occurred during the body art procedure
- An informed consent section that includes the following:
 - Patrons are voluntarily obtaining services of their own free will and volition, patrons have had the opportunity to read and understand the document, patrons have the ability to ask questions about the procedure, patrons have received and understand written and verbal aftercare.
- Signature of body artist

AFTERCARE INSTRUCTIONS (7.11)

- The name, address, and phone number of the body art establishment
- The name of the body artist who performed the procedure
- A detailed description of how to clean, bandage and care for the body art
- Possible side effects from the body art procedure;
- Activity Restrictions
- Signs of an infection or allergic reaction and when to consult a physician
- The expected duration for healing
- Statement "If an infection or adverse reaction occurs at your procedure site, contact your personal physician for treatment and report to the Southern Nevada Health District special programs at (702) 759-0677 or bodyart@snhd.org."

By signing below, I attest that the required information listed above is on my Infection Control Plan, Consent Form, or Aftercare Instructions as specified in the regulations.

Owner/Applicant
→ **Signature:**

Owner/Applicant
→ **Print Name:**

Owner/Applicant
→ **Title:**

→ **Date:**