



Temporary Health Permit Event Coordinator (EC) Application - Body Art

****An Event Coordinator is required if there is more than one artist at the event****

Type or print clearly – Incomplete applications will be denied

Event Information			
Name of Event:			
Event Location/Address:			
Event Date(s):		Event Hours:	
Number of Artists:			
Contact Information			
EC Business Name:			
EC Billing Address:			
City, State ZIP Code:			
EC Business Phone:			
Contact Name:			
Contact Phone Number during event:			
Email Address:			
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 the workstation.
Instrument Manufacturer(s):			
Name of Disinfectant to be Provided at each booth:			

Required Documentation	
Your application will not be processed without these items	<p>The following <u>must</u> be submitted with application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A floor plan indicating booth locations and location of handwashing stations <input type="checkbox"/> A copy of the event's consent form and aftercare instructions <input type="checkbox"/> A copy of the contract for disposal of sharps and other bio-hazard wastes <p>The Event Coordinator (EC) is responsible for each artist's compliance with the applicable regulations and operations procedures over the span of the event. It is the responsibility of the EC to know what is required of the operator/vendor applying for a Special Event Health Permit.</p>

Fees	
<u>ALL PERMIT FEES ARE NONREFUNDABLE – NO EXCEPTIONS.</u>	
Fee with thirty (30) days advance notice	\$290.00
Send completed application to: ▶ Email bodyart@snhd.org ▶ Fax (702) 759-1486 An invoice will be emailed for payment after the application is processed.	
Applications must be received no later than thirty (30) days prior to the event – No Exceptions. Questions? Please call (702) 759-0676	

The Event Coordinator 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*.

www.southernnevadahealthdistrict.org/body-art/regulations.php

I UNDERSTAND THAT FAILURE TO COMPLY WITH ALL APPLICABLE REGULATIONS MAY RESULT IN IMMEDIATE REVOCATION OF THE EVENT COORDINATOR SPECIAL EVENT HEALTH PERMIT.

Event Coordinator Signature: _____

Date: _____