



BODY ART ESTABLISHMENT PERMIT APPLICATION

www.snhd.info | foodrev@snhd.org | 702-759-1258

OWNER INFORMATION			
Select One: <input type="checkbox"/> NEW Establishment Permit <input type="checkbox"/> EXISTING Establishment Change of Permit Holder		Is there any CONSTRUCTION associated with this project? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the facility open and operating? <input type="checkbox"/> Yes <input type="checkbox"/> No If No , what is the projected opening date?	
Name of Owner - Sole Proprietor, Partnership, Corporation, or LLC:			
Owner's Mailing Address:		Suite/Unit:	
City:	State:	Zip Code:	
Owner's Phone Number:	Alternate Phone Number:	Owner's E-Mail Address:	
Who may the inspector contact for questions related to submitted plans?			
Name:	Title:	Phone:	Email:
BUSINESS INFORMATION			
Name of Business (DBA):			
Physical Address:		Suite/Unit:	
City:	State: Nevada	Zip Code:	
Business Phone:	Business Email:	Mail Invoices to: <input type="checkbox"/> Owner's Address <input type="checkbox"/> Business Address	
Hours of Operation:			
Business License Jurisdiction: <input type="checkbox"/> Clark County <input type="checkbox"/> Las Vegas <input type="checkbox"/> North Las Vegas <input type="checkbox"/> Henderson <input type="checkbox"/> Other			
Sewer Connection: <input type="checkbox"/> Municipal <input type="checkbox"/> Septic System <input type="checkbox"/> Other		Water Supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Well <input type="checkbox"/> Other	
Do any existing health permits require deletion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must submit a Notice of Business Closure form.			
PLAN REVIEW			
<p>Plans will not be reviewed until Health District staff verify that the application packet is complete and all required documents, as specified in the <i>Minimum Requirements for Plan Submission</i> are submitted. Permit applications must be submitted at least 30 calendar days before the projected opening date to avoid the assessment of late fees as provided in the EH Fee Schedule. Application fees are due upon receipt of the invoice, and projects are subject to cancellation due to non-payment. Plan review fees are non-refundable.</p> <p>Permit applications expire 180 calendar days after submission unless an extension is granted by the Health Authority. For this reason, it is important that the owner or owner representative provides frequent project status updates to the Health District.</p> <p>Health District approval is independent of all other approvals required by other regulatory entities. The applicant must separately obtain approvals and permits from other agencies and programs as required. The establishment is not permitted to operate until the required construction inspections, including the final permitting inspection, have been conducted and approved.</p>			
ATTESTATION			
<p>By signing below, I hereby certify that I am the owner of the business or that I have been approved by the owner to act as their Authorized Representative for matters related to the preparation, submission, and revision of plans and applications to the Southern Nevada Health District.</p> <p>I attest that the information provided to the Southern Nevada Health District in the permit application packet is true and accurate. I have read, understand, and agree to be held to the conditions and responsibilities as provided in the <i>Instructions for Submission of Plans for Review</i> document. I agree to comply with applicable regulations and will allow the Health Authority reasonable access to the establishment and to any records needed to verify compliance with the regulations.</p>			
Owner/Owner Representative Print Name:		Owner/Owner Representative Sign Name:	
Owner/Owner Representative Title:		Date:	

Electronic Application Submission (PREFERRED)

Applications may be submitted electronically to foodrev@snhd.org. If the file is large, please email foodrev@snhd.org to request an upload link.

Once Health District staff have verified that the application packet is complete (see ***Minimum Requirements for Plan Submission***), an email confirmation will be sent. Plans are reviewed within two weeks of the email confirmation. An inspector will contact the Permit Holder or Authorized Representative via phone or email when they begin reviewing the 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 the application packet cannot be submitted electronically, it can be delivered to 2830 E. Fremont St, Las Vegas, NV 89104. Drop-off hours are Tuesday-Friday, 8:00am-4:00pm.

WE ACCEPT

Payment of Fees

Plan Review and Annual Health Permit fees must be paid upon receipt of the invoice.

All fees must be paid prior to scheduling any field appointments.

Plan Review Fees are not refundable.

The Fee Schedule may be found on our website: www.snhd.info/permits-regulations

Fees may be paid online via credit card or e-check if the bank allows e-checks: www.snhd.info/eh/payment

Checks may be mailed to the PO Box address listed on the invoice.



Inspections for Construction Projects

A pre-permitting walkthrough may be required by your plan reviewer or may be requested by the applicant prior to the final permitting inspection. The final permitting inspection can be requested *after* approvals are received by the building department, fire prevention, and sewer departments if applicable. Proof of approval may be provided in the form of a Certificate of Occupancy or other documentation from the applicable jurisdiction. Failure to provide proof of approval from other agencies may delay the health permit approval and the business license activation.

Inspections for Establishments undergoing Change of Permit Holder

A Change of Permit Holder (CPH) inspection will be scheduled after the health permit and plan review fees are paid. Failure to pay outstanding balances within 5 business days for an open and operating facility will result in a closure until such time that a permit is obtained.

Other Information

- ⇒ Inspection cancellations must be made *before* the inspector is on route to the facility to avoid a missed appointment fee.
- ⇒ Establishments must be fully functional with power, gas, hot water, and the equipment operational during the final permitting inspection. The expectation is that all construction is complete, and the facility is ready for customers once the health permit is approved.
- ⇒ When the permit holder changes, the establishment cannot open for business or stock food until after the health permit is approved UNLESS, it has continuously operated throughout the CPH process.
- ⇒ A re-inspection or failed final permitting fee for each permit will be assessed if the establishment is not ready for the scheduled inspection.
- ⇒ Undisclosed or unclear design characteristics do not constitute approval of such mistakes or omissions. It is the responsibility of the permit holder, or prospective permit holder, to comply with all laws and regulations.
- ⇒ The number and type of permits will be determined by the plan reviewer based on information provided by the applicant. For this reason, it is important to provide as much information about the business plan as possible and be available to answer questions when plans are being reviewed.
- ⇒ It is the responsibility of the permit holder to properly develop the project and contact the applicable agencies and SNHD programs for approvals such as Aquatic Health, Public Accommodations, Individual Sewage Disposal System, Public Water Systems, Underground Storage Tanks, HACCP/ Labeling, etc.

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 packet
- A contact person who can answer questions about the facility operation and plans.
 - o 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 packet
- 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.
 - o 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 packet
- 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

DRUGS, COSMETICS, SUPPLEMENT MANUFACTURERS

- A completed application packet
- 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

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:		(review and sign <i>Body Art Document Checklist</i>)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have written Aftercare Instructions?		(review and sign <i>Body Art Document Checklist</i>)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a written Infection Control Plan?		(review and sign <i>Body Art Document Checklist</i>)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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	
<p>Any questions that you have answered “No” to above must be addressed/corrected prior to your appointment.</p> <p>The complete Body Art regulations can be found here: www.snhd.info/body-art/regulations.php</p>			

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:
 - Cleaning and disinfecting surfaces
 - Cleaning and disinfecting reusable instruments and equipment
 - Protecting clean instruments and sterile instrument packs from contamination during storage
 - Protecting clean instruments, equipment, and surfaces during a procedure
 - Set-up and tear-down for each type of body art procedure
 - 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:"
 - Have you eaten within the past 4 hours?
 - Are you under the influence of drugs or alcohol?
 - 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?
 - Have you ingested any medication that can inhibit the ability to heal a skin wound?
 - Do you have any allergies or adverse reactions to dyes, pigments, latex, iodine, or other such products?
 - Do you have hemophilia, epilepsy, a history of seizure, fainting, narcolepsy, or other conditions that could interfere with the body art procedure?
 - Do you have a history of skin diseases that might inhibit the healing of the body art procedure?
 - 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)?
 - 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

→ **Title:**

Owner/Applicant

→ **Print Name:**

→ **Date:**