



Temporary Health Permit Artist Application - Body Art

Type or print clearly – Incomplete applications will be denied

Event Information			
Name of Event:			
Event Location:			
Event Date(s):		Event Hours:	

Applicant Information	
Name of Artist:	
Billing Address:	
City, State ZIP Code:	
Best Contact Phone #:	
Email Address:	
Body Art Type:	<input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT MAKE-UP
Name of shop you are affiliated with:	

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 your workstation.
Instrument Manufacturer(s):		
Type of Sanitizer:	<input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary <input type="checkbox"/> Ammonium <input type="checkbox"/> Phenol-based <input type="checkbox"/> Other _____	

Required Documentation	
Your application will not be processed without these items	<p>Submit <u>one</u> of the following with application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Valid SNHD Body Art card # _____ Expiration date: _____ <input type="checkbox"/> Experience Verification Form with at least six (6) months of experience <input type="checkbox"/> Body art license from another state issued more than six (6) months prior to submitting application <input type="checkbox"/> Business license for tattoo, permanent make-up, or body piercing issued more than six (6) months prior to submitting application and must have applicants name on it. <p>If there is no event coordinator, then the following <u>must</u> be submitted with application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client Consent Form <input type="checkbox"/> Aftercare Instructions

Artist Fees	
<u>ALL PERMIT FEES ARE NONREFUNDABLE NO EXCEPTIONS.</u>	
Fee with thirty (30) days advance notice	\$184.00
<p style="text-align: center;">Send Application & ALL required documentation to:</p> <p>▶ Email info@lasvegastattooshow.com ▶ Fax (702) 759-1486</p> <p>An invoice will be emailed once the application paperwork is processed.</p>	
<p style="text-align: center;">Applications & required documentation must be received no later than thirty (30) days <u>prior</u> to the event –</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">No Exceptions.</p> <p style="text-align: center;">Questions? Contact Special Programs at (702) 759-0676</p>	

The operator 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.*

<http://www.southernnevadahealthdistrict.org/body-art/regulations.php>

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

Artist Signature: _____

Date: _____