

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

WASHOE COUNTY HEALTH DISTRICT
ENVIRONMENTAL HEALTH SERVICES DIVISION
1001 East Ninth Street • PO Box 11130 • Reno, Nevada 89520
Telephone (775) 328-2434 • Fax (775) 328-6176
www.washoecounty.us/health

Office Use Only

Fee Paid _____
Date Paid _____
Cash/CC/Check _____
Receipt No. _____

**APPLICATION FOR TEMPORARY PERMIT TO OPERATE
AN INVASIVE BODY DECORATION ESTABLISHMENT**

Application and payment must be received 14 days prior to event start date

EVENT NAME: _____ LOCATION: _____
EVENT START DATE: _____ END DATE: _____
EVENT COORDINATOR: _____ COORDINATOR PHONE #: _____
COORDINATOR E-MAIL: _____

SHOP / BUSINESS NAME: _____ PHONE #: _____
SHOP / BUSINESS SITE ADDRESS: _____
CITY/STATE/ZIP: _____
APPLICANT NAME: _____ PHONE #: _____
ALTERNATE PHONE #: _____
APPLICANT E-MAIL: _____
TOTAL NUMBER OF ARTISTS IN BOOTH: _____ BOOTH SIZE: _____
See reverse for additional information and requirements

BOOTH ARTIST #1 NAME: _____ **PHONE #:** _____
MAILING ADDRESS: _____ CITY/STATE/ZIP: _____
SHOP / BUSINESS NAME: _____
BOOTH ARTIST #2 NAME: _____ **PHONE #:** _____
MAILING ADDRESS: _____ CITY/STATE/ZIP: _____
SHOP / BUSINESS NAME: _____
BOOTH ARTIST #3 NAME: _____ **PHONE #:** _____
MAILING ADDRESS: _____ CITY/STATE/ZIP: _____
SHOP / BUSINESS NAME: _____
BOOTH ARTIST #4 NAME: _____ **PHONE #:** _____
MAILING ADDRESS: _____ CITY/STATE/ZIP: _____
SHOP / BUSINESS NAME: _____

A separate permit to operate is required for any Artist(s) from a different Shop/Business and/or Shop/Business Site

* Use an additional application if more than four (4) artists will be listed

INVASIVE BODY DECORATION BEING PERFORMED: TATTOO BODY PIERCING PERMANENT MAKEUP
EQUIPMENT: DISPOSABLE METAL (must have spore test) OTHER _____
DISINFECTANT (must be in original container): _____

APPLICANT'S SIGNATURE: _____ DATE: _____

This is an application only - Permit issuance is based on compliance with regulations and best management practices.

No procedures may be performed until an opening inspection has been conducted and a permit issued. See application check list on reverse.

ORIGINAL | HEALTH DISTRICT YELLOW | FIELD COPY PINK | APPLICANT

APPLICATION CHECK LIST & REQUIREMENTS

- A copy of the most recent Negative Growth Spore Destruction test from a certified lab for all non-disposable tools and/or materials is required. The spore test must be dated within 30 days of the start of the event and include the following:
 - Shop / Business Name
 - Shop / Business Address
 - Make of Autoclave
 - Model of Autoclave
 - Serial Number of Autoclave
- Client form documentation must be maintained on all persons receiving Invasive Body Decoration (IBD) procedures during the event. Documentation must include all of the following:
 - Client Name
 - Address
 - Date of Birth
 - Procedure Performed
 - Name of Artist Performing IBD
- Copies of all client forms must to be provided to the Washoe County Health District (WCHD) during and prior to the end of the event. This documentation is required and will remain confidential. Failure to provide copies of client forms may result in suspension or permanent revocation of permits for WCHD operation.
- All disinfectants must be effective against HBV and be in the original container. If the original container cannot be provided you may be required to obtain an approved disinfectant prior to permit issuance.
- Booth Sizes: 10'x10' = 2 artists; 10'x15' = 3 artists; 10'x20' = 4 artists; and 10'x30' = 6 artists. The preceding booth sizes allow for the designated number of artists to work at any given time.
- Any artist who is not permanently employed at the shop/business listed on the application must submit a separate permit application and fees; regardless if artists will be working in the same booth (e.g., traveling artists, artists working out of multiple shops, artists with a separate shop/business name, etc.).
- Any proposed mobile unit for the purposes of performing IBD procedures must meet all required regulations and receive written approval from the WCHD prior to the event.
- Acceptable payment forms:
 - Business Check
 - Business name, address, and phone number must appear on check
 - Personal checks are not accepted
 - Money Order
 - Cash
 - Credit Card – Visa or MasterCard only
 - Credit card payments over the phone are accepted
 - The individual on the phone must be the credit card holder and appear on the application

WCHD regulations governing Invasive Body Decoration (IBD) can be found at:

www.washoecounty.us/health/regulations.php