



# Application for a Temporary Event Permit Invasive Body Decoration ONLY

Email Application to: [eh@carsoncity.gov](mailto:eh@carsoncity.gov)  
**Permits are NON-Transferrable and NON-Refundable**  
 Carson City Health and Human Services Environmental Health  
 Division



900 E Long St Carson City, NV 89706  
 Phone: 775-887-2190 ext. 80029    [Gethealthycarsoncity.org](http://Gethealthycarsoncity.org)

Permitted and Non-Permitted Vendors/Operators must submit this application to our Health Department, completed in full, for each event at least **5 BUSINESS DAYS PRIOR TO EVENT**.  
 Per CCMC, late fees will be assessed if applications are submitted less than 5 days for ALL Carson City apps including non-profit organizations. **Permits are NON-Transferrable and NON-Refundable.**  
**THESE FORMS ARE NOT YOUR PERMIT**. You will receive your health permit the day of your event after the inspector's visit. **ALL FIELDS ON THIS FORM MUST BE FILLED IN.**

<b>Applicant Information</b>	Applicant First and Last Name:		Applicant Contact Number:		Applicant Email:	
	Applicant Street Address:			City:	State:	Zip:
	Applicant Mailing Address:			City:	State:	Zip:
<b>Business Information</b>	Business Name (DBA):				Have you participated in previous events in Carson or Douglas County? (Mark One)    YES    NO	
	Name of Person-in-Charge (must be present at the event):		Person-in-Charge Contact Number:	Person-in-Charge Email:		
	Business Address:			City:	State:	Zip:
<b>IBD Operator Information</b>	IBD Practitioner #1 - First and Last Name:		Assigned Duties (i.e. Tattoo Tech, Booth Operations Support, etc):			
	IBD Practitioner #1 - Email:		Do you have a valid BBP? (if applicable): (if YES, you MUST have a printed copy ON-SITE during the event at ALL times. if NO, you must obtain your BBP before you can be allowed to participate in the event):			
	IBD Practitioner #1 - Phone:					
	Estimated Hours/Days of Booth Operation:					
	IBD Practitioner #2 - First and Last Name:		Assigned Duties (i.e. Tattoo Tech, Booth Operations Support, etc):			
	IBD Practitioner #2 - Email:		Do you have a valid BBP? (if applicable): (if YES, you MUST have a printed copy ON-SITE during the event at ALL times. if NO, you must obtain your BBP before you can be allowed to participate in the event):			
	IBD Practitioner #2 - Phone:					
	Estimated Hours/Days of Booth Operation:					
	IBD Practitioner #3 - First and Last Name:		Assigned Duties (i.e. Tattoo Tech, Booth Operations Support, etc):			
	IBD Practitioner #3 - Email:		Do you have a valid BBP? (if applicable): (if YES, you MUST have a printed copy ON-SITE during the event at ALL times. if NO, you must obtain your BBP before you can be allowed to participate in the event):			
IBD Practitioner #3 - Phone:		YES				
Estimated Hours/Days of Booth Operation:						
IBD Practitioner #4 - First and Last Name:		Assigned Duties (i.e. Tattoo Tech, Booth Operations Support, etc):				
IBD Practitioner #4 - Email:		Do you have a valid BBP? (if applicable): (if YES, you MUST have a printed copy ON-SITE during the event at ALL times. if NO, you must obtain your BBP before you can be allowed to participate in the event):				
IBD Practitioner #4 - Phone:						YES
Estimated Hours/Days of Booth Operation:						
<b><u>No more than FOUR people are permitted per booth, you must attach a separate page with the remaining IBD Operator information and separate booth information. Please provide the same information that is requested on this page, on your separate page.</u></b>						
<b>Event Information</b>	Number of Booths at Event:		Number of IBD Practitioners:			
	Event Name:	Event Start Date:	Event End Date:	Event Start Time:	Event End Time:	
	Event Location:	Event County:	All Days Vendor Plans to Attend Event:			
	Event Coordinator Name:	Event Coordinator Contact Number:		Event Coordinator Email:		

**REQUIRED: To help clarify Vendor location, an aerial layout must be attached to this application. Please identify your booth location by circling or highlighting. Details are required for location of equipment and supplies.**



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Permitted and Non-Permitted Food Vendors/Operators must submit this application to our Health Department, completed in full, for each event at least **5 BUSINESS DAYS PRIOR TO EVENT**.

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Event Information Cont.	<b>IBD Performed Type (Choose One):</b> IBD #1 IBD #2 IBD #3 IBD #4 <input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Makeup	<b>Equipment Type (Choose One):</b> IBD #1 IBD #2 IBD #3 IBD #4 <input type="checkbox"/> Disposable Equipment <input type="checkbox"/> Non-Disposable Equipment <i>(If you selected NON-Disposable equipment, please attach your autoclave documents to this application.)</i>	<b>Hand-washing Facility Type (Choose One):</b> IBD #1 IBD #2 IBD #3 IBD #4 <input type="checkbox"/> Plumbed Sink <input type="checkbox"/> Self-Contained Portable Unit <input type="checkbox"/> Other	<b>How will Red Waste and Sharps be handled?: (Per Boothe)</b>
	<b>Wastewater Disposal Provided by (Choose One):</b> <input type="checkbox"/> Event Coordinator <input type="checkbox"/> Booth Operator		Name of Responsible Party: (Below) _____	<b>Wastewater Disposal:</b> <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Holding Tank
	<b>Garbage Disposal Provided by (Choose One):</b> <input type="checkbox"/> Event Coordinator <input type="checkbox"/> Booth Operator		Name of Responsible Party: (Below) _____	<b>Garbage Disposal:</b> <input type="checkbox"/> Covered Trash Cans <input type="checkbox"/> Dumpsters
	<b>Restrooms Provided by (Choose One):</b> <input type="checkbox"/> Event Coordinator <input type="checkbox"/> Booth Operator		Name of Responsible Party: (Below) _____	<b>Restroom Facility Type:</b> <input type="checkbox"/> Portable Toilets <input type="checkbox"/> Indoor Toilets
	<b>Electrical Provided by (Choose One):</b> <input type="checkbox"/> Event Coordinator <input type="checkbox"/> Booth Operator		Name of Responsible Party: (Below) _____	<b>Electrical Facility Type:</b> <input type="checkbox"/> Plug in Power <input type="checkbox"/> Generator

**Documents to Submit with this Application:**

- \_\_\_\_\_ 1. Signed IBD Temporary Event Requirement Form & copies of current permits/licenses from the jurisdiction that you operate in.
- \_\_\_\_\_ 2. Copies of current Blood Borne Pathogen training and any additional education.
- \_\_\_\_\_ 3. A copy of the written and verbal education / after care instructions that will be provided to each client.
- \_\_\_\_\_ 4. A diagram of your IBD area showing procedure area, handwashing station, equipment storage, partitioning, etc..

Applicant Acknowledgement	<p><b>Review the following Terms and Conditions for Operation of a Temporary IBD Establishment and sign and print your name at the bottom of this section. By signing, the applicant acknowledges that failure to adhere to these terms and conditions may result in further enforcement action, including permit suspension and temporary establishment closure.</b></p> <p>I understand that my application is NOT a permit. I will receive my permit at the time my Temporary Event, my establishment is inspected by the Health Authority. I understand that failure to comply with food safety may result in further enforcement action, including assessment of re-inspection fees and/or closure of my Temporary Event Establishment.</p> <p>I acknowledge that interfering with the Health Authority's ability to perform their duties is a violation of Nevada Revised Statute (NRS) 446.885(3) and intimidating behavior against a public officer is a violation of NRS 199.3300 (Intimidating a public employee). I understand these behaviors include, but are not limited to threats of violence, abusive language, unwarranted physical contact; and that partaking in these behaviors may result in a closure of my Temporary Establishment. I understand that Carson City Health and Human Services employees will adhere to their Code of Conduct and work with you honestly, respectfully, fairly, and courteously.</p> <p><b>I understand that my permit is NOT APPROVED until I have been successfully inspected by a Health Inspector (if applicable) at the above-mentioned event regarding the operation of my Temporary Event Establishment.</b></p> <p><i>I hereby consent to inspection by the HEALTH DEPARTMENT and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary IBD service requirements. By signing below, I certify that I am the owner or authorized representative of this business and that all statements made on this application are true to the best of my knowledge.</i></p> <p><b>Applicants Signature:</b> _____</p> <p><b>Applicant Printed Name:</b> _____</p> <p><b>Date:</b> ____/____/____</p>
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