



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  
healths@washoecounty.us

**INVASIVE BODY DECORATION ESTABLISHMENT  
REGISTRATION FORM**

**Office Use Only**

Fee Paid \_\_\_\_\_

Date Paid \_\_\_\_\_

Cash/CC/Check \_\_\_\_\_

Receipt No. \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**BUSINESS SITE ADDRESS:** \_\_\_\_\_ **CITY/ STATE/ ZIP:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_ **CITY/ STATE/ ZIP:** \_\_\_\_\_

**GIVE COMPLETE NAME AND ADDRESS OF THE FOLLOWING OWNERSHIP CATEGORY:**

INDIVIDUAL                       CORPORATION                       LLC                       PARTNERSHIP

**NAME OF OWNER** \_\_\_\_\_

**OWNER/OFFICER INFORMATION**

1. **NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **CITY/ STATE/ ZIP:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

2. **NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **CITY/ STATE/ ZIP:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

3. **NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **CITY/ STATE/ ZIP:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**SHOP ARTISTS #1 NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **CITY/ STATE/ ZIP:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**SHOP ARTISTS #2 NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **CITY/STATE/ZIP:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**SHOP ARTISTS #3 NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **CITY/ STATE/ ZIP:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**SHOP ARTISTS #4 NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **CITY/ STATE/ ZIP:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

\* Use additional sheets if more than four (4) artists in shop.

**IBD PROCEDURE BEING PERFORMED:**  TATTOO  TATTOO REMOVAL  BODY PIERCING  PERMANENT MAKEUP

**EQUIPMENT TO BE USED:**  DISPOSABLE  METAL  OTHER \_\_\_\_\_

**AUTOCLAVE:** MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ SERIAL # \_\_\_\_\_

**DISINFECTANT TO BE USED (Must be in original container):** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**This is an application only.** Permit issuance will be based on compliance with regulations and best management practices. No procedures can be performed until an opening inspection has been conducted and the permit issued. See application check list on the reverse side.

ORIGINAL | HEALTH DISTRICT      YELLOW | INSPECTOR      PINK | APPLICANT

## REGISTRATION CHECK LIST

- Documentation of most recent spore destruction test performed on sterilization equipment 30 days or less prior to the opening must be provided to Washoe County Health District (WCHD).
- Documentation must be maintained of all persons who have Invasive Body Decoration (IBD) procedures performed at this facility. Client forms must include the following:
  - Client name;
  - Address;
  - Date of Birth;
  - Procedure Performed; and
  - Name of Artist Performing Procedure.
- Copies of all client forms must be provided to WCHD for review upon request. This documentation is required and will remain confidential.
- Disinfectant must be effective against HBV and must be in the original container. If the original container cannot be provided you may be required to purchase an approved disinfectant prior to permit issuance.
- Copy of Floor Plan including IBD area, hand sink, restrooms. Floor plan must be to scale (e.g., 1"=50', 1"=25'). A minimum of one (1) sink to be used by artist for hand washing, excluding service sinks and bathroom sinks. One hand sink shall service no more than four (4) IBD operators.

Washoe County District Board of Health regulations governing Invasive Body Decoration (covers body piercings, tattoos and permanent makeup) can be found at:

<http://www.washoecounty.us/health/regulations.php>