



Otto Ravenholt Environmental Health Office, PO Box 3902, 625 Shadow Lane, Las Vegas, NV 89127 – (702) 759-0588
 East Las Vegas/Strip Environmental Health Office, 520 E. Lake Mead Dr., Henderson, NV 89015 – (702) 759-0620
 Henderson/Special Programs Environmental Health Office 520 E. Lake Mead Dr, Henderson, NV 89015 – (702) 759-0501
 Laughlin Environmental Health Office, 3080 Needles Hwy, Suite 1800, Laughlin, NV 89029, (702) 759-1643
 North Las Vegas Environmental Health Office, 6330 W. Spring Mountain, Suite C, Las Vegas, NV 89146– (702) 759-0502
 Spring Valley Environmental Health Office, 6330 W. Spring Mountain, Suite C, Las Vegas, NV 89146 – (702) 759-0503
 Mesquite Environmental Health Office, 830 Hafen Lane, Mesquite, NV 89027 – (702) 759-1682

TEMPORARY FOOD ESTABLISHMENT APPLICATION FOR SPECIAL EVENT

Incomplete applications shall be denied.

Type or print clearly.

Please make Business Checks payable to: Southern Nevada Health District

PERSONAL CHECKS NOT ACCEPTED

Applications MUST be RECEIVED at the office at least 7 calendar days PRIOR to the event or a late fee will be assessed, NO EXCEPTIONS. If mailing this application, the check or money order MUST accompany this form.

Effective July 1, 2010

Length of Event	Permit Fee	Late Permit Fee	Late Permit Fee w/less than 1 Business Day Notice
1 – 5 Day Event	\$131 per booth	\$66 per booth	\$131
6 – 10 Day Event	\$160 per booth	\$79 per booth	\$160
11 – 14 Day Event	\$198 per booth	\$99 per booth	\$198
Non-Profits	EXEMPT	\$66 per booth	\$132

Non-Profit organizations that provide a copy of their State Tax Exempt Letter are exempt from fees but are still required to obtain a permit. **LOCAL VENDORS must** apply for their Temporary Food Permit **in person** at one of the above Health District locations.

I. Event Information

Name of Event: _____
 Name of Event Coordinator: _____
 Event Coord. Phone & Email: _____
 Location/Address of Event: _____
 Date(s) of Event: _____
 Hours of Event (Specify for each date if different): _____

II. Applicant Information

Name of Temporary Food Establishment: _____
 Name of Owner/Operator: _____
 Mailing Address and Phone Number: _____
 Contact Name and Phone Number During Event: _____
 Tax Exempt Number (if applicable): _____
 Number of Booths (fill out separate application for each booth with different menu items): _____

III. Temporary Food Establishment Information

Time the booth will be ready for inspection on the first day of event: _____ am
pm

Describe type of handwash station **at booth**: _____

Circle type of Sanitizer? Bleach (chlorine) / QUAT (ammonium) / Other: _____

Remember to bring appropriate test strips.

Any off-site food preparation? _____ If yes, location: _____

List **all** food and beverage items to be prepared and served: (Attach additional page if necessary)

Food Item	Source	Off-site Prep (Yes/No)	Cooking Equipment	Cold Holding Equipment	Hot Holding Equipment

IV. Operator Responsibilities

1. The operator is responsible for meeting all requirements as set forth in the *Temporary Food Establishment Quick Reference Sheet* and applicable sections of the *Southern Nevada Health District Regulations Governing the Sanitation of Food Establishments*. **Initial** _____
2. I have received a copy of the *Temporary Food Establishment Quick Reference Sheet* and understand that critical violations may result in the suspension or denial of the Health Permit. **Initial** _____
3. I am aware that each booth must be properly equipped **and ready to operate** by the time indicated, and that failure to do so may result in suspension or denial of the permit. **Initial** _____
4. The applicant must contact the Southern Nevada Health District to advise of any changes or additions to this application prior to the event. **Initial** _____
5. This application is for a Temporary Health Permit only. The operator is responsible for obtaining all applicable permits as required by other agencies. **Initial** _____

Print Name and Job Title: _____

Signature _____ Date _____