



Environmental Health Division – Aquatic Health Program

Email: aquatic@snhd.org | Phone: (702) 759-0572

Temporary Event/Seasonal Aquatic Venue Health Permit Application

To be completed by event coordinator/representative; complete one per aquatic venue

Event Information			
Event Name:			
Event Site Address:	City:	State:	Zip:
Assessor Parcel Number (APN):			
Aquatic Venue Name:			
<input type="checkbox"/> Temporary Event	Start Date:	End Date:	
<input type="checkbox"/> Seasonal Aquatic Venue	Start Date:	End Date:	
Event Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		
Property Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		
Financial Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		

The event coordinator is responsible for obtaining a signed permission letter or contract from the property owner allowing use of the property for the event.

Owner Name, Print: _____ Date: _____

Owner Signature: _____