

TEMPORARY FOOD ESTABLISHMENT (TFE) APPLICATION FOR SPECIAL EVENT

Incomplete Applications Shall Be Denied – Type or Print Clearly

Mailing Address for Non-Local Applicants Only:

- (USPS) SNHD, Environmental Health, PO Box 3902, Las Vegas, NV 89127
- (FedEx UPS) SNHD, Environmental Health, 700 Desert Lane, Las Vegas, NV 89106

All Local Applicants Must Apply in person:

- SNHD Main Office, 330 S Valley View Blvd, Las Vegas, NV 89107 (702) 759-1110
- SNHD Laughlin Office, 3650 South Pointe Circle, Bldg. C, Suite 113, Laughlin, NV 89029 (702) 759-1643
- SNHD Mesquite Office, 830 Hafen Lane, Mesquite, NV 89027 (702) 759-1682

EVENT INFORMATION

Name of Event:											
Address of Event:											
City:			State:				ZIP Code				
Date(s) of Even	t # of Days of Event	# of Days of Event S		Start Date:		End Date (if app	End Date (if applicable):				
Hours of Event (Specify for each date if different):											
Name of Event Coordinator:											
Phone:		Em	Email Address:								
		A	APPLICANT IN	FOR	MATIO	N					
Name of Temporary Food Establishment:											
Name of Owner/Operator:											
Mailing address:											
City: State		State:	ZipCode:		Email Address:						
During Event	Contact Name:	Contact Phone Number:									
	T	EMPORARY	FOOD ESTAB	LISHM	IENT I	NFORMATION					
Time the TFE will be ready for inspection on the first day of event											
Type of Hand Wash Station (check one)		Porta	Portable Sink []		Gravity Fed []		Other: []				
Type of Sanitizer (Bring Appropriate Test Strips)		Bleach	Bleach (Chlorine) []		QUAT (ammonium) []		Other:[]				
Any Off-Site Food Preparation		Yes [] Location:						No []			

Lis	st All Food and Beverage	Items to be Prepare	ed and Served (Atta	ach Additional Pag	ge if Necessary)							
Food Item	Source	Off-Site Prep (Y/N)	Cooking Equipm		Holding pment	Hot Holding Equipment						
•	bers and Dimensions – If s – Length x Width		booths of different	sizes, fill in a sep	fill in a separate line for each size SNHD USE ONLY							
		# 01 112 00										
Step 2 – Compute Fees – Please Make Cashier's Checks & Money Orders Payable to: Southern Nevada Health District												
Personal and Business Checks NOT Accepted Applications <u>MUST be RECEIVED</u> at the office at least seven (7) calendar days <u>PRIOR</u> to the event or a late fee will be assessed.												
ALL PERMIT FEES	ARE NONREFUNDABLE	- <u>NO EXCEPTION</u>	IS . If mailing this a	pplication, payme		Fee with Less						
Length of Event	t Permi	t Fee Late Per		nit Fee	than ONE B	ONE BUSINESS DAY NOTICE						
1-5 Day Event	\$131.00	·	\$66.00 pe		\$131.00 per unit							
6-10 Day Event 11-14 Day Event	\$160.00 \$198.00 r	·	\$79.00 pe \$99.00 pe		\$160.00 per unit \$198.00 per unit							
Non-Profits	EXEN		\$66.00 pe		\$132.00 per unit							
Non-Profit organizat	ions that provide a copy but are still rec	of their NEVADA S Juired to obtain a po	STATE Tax Exempt	Letter when apply	ying are exempt	•						
SNHD USE ONLY		#Booths x Fee =		•	Balance Due:							
1. The operato	OP or is responsible for mee	ERATOR RESPONS		Tomporary Food	Establishmont	INITIAL						
Quick Refer	ence Sheet and applicab on of Food Establishmen	le sections of the So	outhern Nevada Hea	alth District Regu	lations Governing							
	 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. 											
	3. I am aware that each TFE 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.											
 The applicant must contact the Southern Nevada Health District to advise of any changes or additions to this application prior to the event. 												
5. This applica												
6. If the event i	s to take place on private pr d submitting a permission le	roperty and there is no		he applicant is resp	onsible for							
Print Name and Job Title:												
Signature: Date:												
SNHD USE ONLY	RECEIVED BY:			DATE RECEIVE	ATE RECEIVED:							